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ABSTRACT

The final document in a series designed to enhance the integration of persons with handicaps--particularly severe and multiple ones--provides guidelines for training zoo docents for integrated groups. The series of activity modules requires approximately 4 1/2 hours to present. Activity listings include a brief goal statement and specific objectives to be achieved. Ten activities are presented to help participants (1) become more comfortable with each other, (2) examine their ideas about persons with disabilities, (3) differentiate between a disability and a handicap, (4) refute commonly-held stereotypes about disabled persons, (5) help integrate disabled persons into the community life, (6) provide more accurate verbal descriptions, (7) learn simple sign language relevant to zoo tours, (8) generate alternative solutions to problem situations that may arise, and (9) acquire some basic etiquette for integrated groups. (CL)

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Zoo Docent Trainer's Manual

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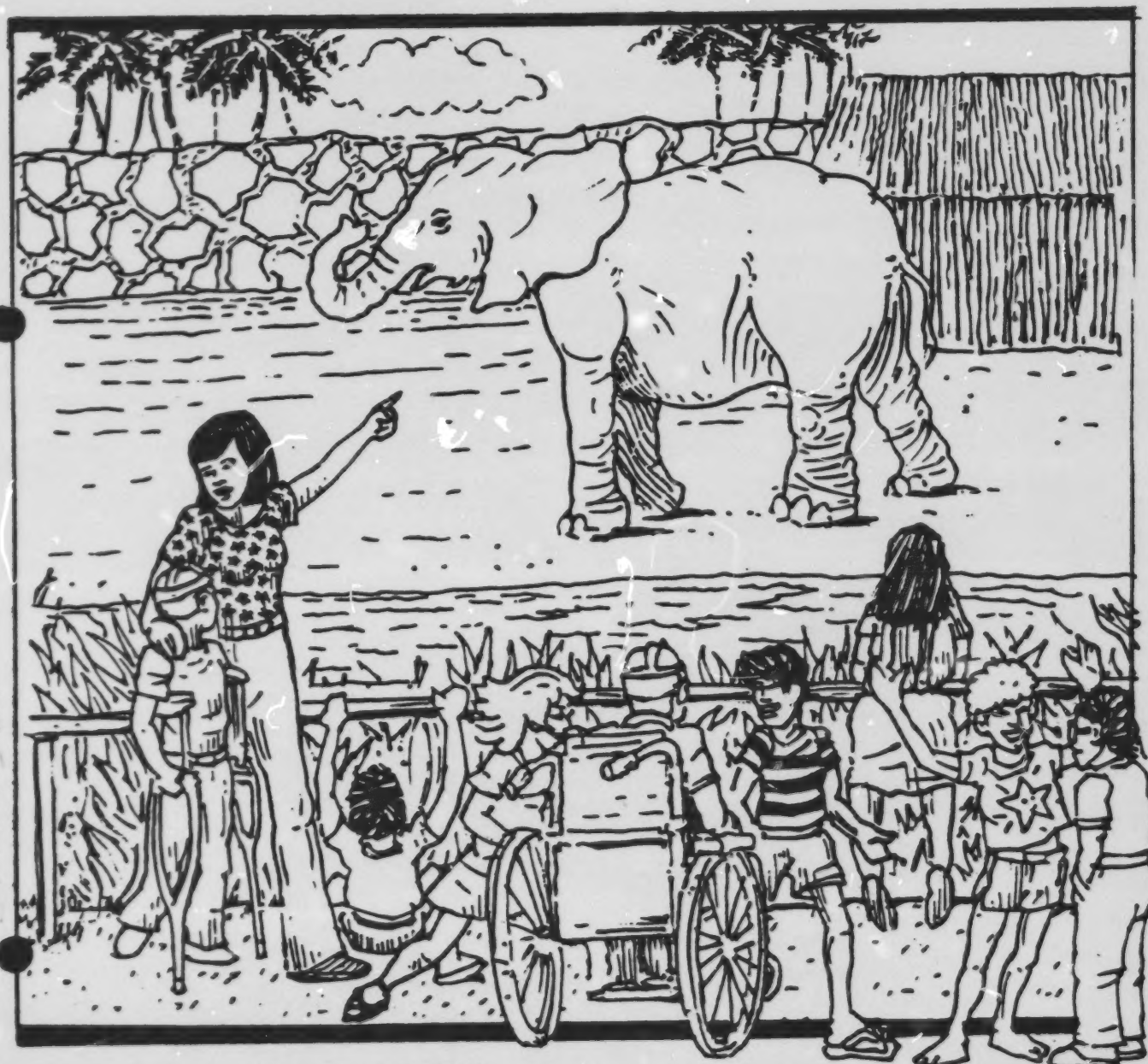

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Zoo Docent Trainer's Manual:

Enhancing Integrated Zoo Experiences

for Disabled and Nondisabled Children/Youth

Developed by: Hawaii Integration Project, in cooperation with the Honolulu Zoo Education Department

Written by: Norma Jean Hemphill, Royal Fruehling, Karen Takemoto, Susan Yamate, Dora Yoneshige and Diana Zukas

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Zoo Docent Trainer's Manual

Overview

The Hawaii Integration Project (HIP) was funded by the Office of Special Education, U.S. Department of Education and based in the Department of Special Education of the University of Hawaii at Manoa, Honolulu, Hawaii. A primary goal of this project was the greater integration of persons with disabilities—especially children who are severely multiply handicapped—into the life of the larger community.

In Spring, 1981, the HIP staff initiated a series of meetings with Ms. Mindy Opsahl, Education Director of the Honolulu Zoo. Up to this time when the zoo provided zoo tours for school children and youth, disabled and non-disabled students always particpated in separate groups. No considerations had been given to the integration of the two groups.

The meetings resulted in a consensus among the participants that integrated groups would perhaps have a potential for enhancing the zoo experience for both disabled and nondisabled students. It would also serve to break down the isolation of disabled students that emphasize to both these students and nondisabled students that disabled students are "different". The Teacher's Guidebook, a booklet routinely sent to Hawaii teachers who requested a zoo tour and program for their students, was rewritten to emphasize zoo experiences for integrated groups and to encourage participating schools to plan trips to the zoo as integrated activities.

Out of these meetings also came the realization that zoo docents, both adult and student volunteers, would now need additional training in order to provide a quality zoo experience for the expected integrated groups. The Zoo Docent Trainer's Manual was developed to provide that training. The program materials were developed so that, with minor modifications, they could be used for training docents in non-zoo settings as well.

This zoo docent training program is a learning system consisting of a series of activity modules requiring approximately 4½ hours and best conducted over two consecutive days. For each activity there is a brief goal statement and the specific objective(s) to be achieved. Both serve as a guide for the activity and a means for evaluating the outcome. Also described are materials, if any, that are required and the procedure that the zoo docent trainer is to follow. The training program is designed so that the trainer does not need a special education background.

Included are activities to help the participants (1) to become more comfortable with each other, (2) to examine their ideas about persons with disabilities, (3) to differentiate between a disability and a handicap, (4) to refute commonly-held stereotypes about disabled persons, (5) to help integrate disabled persons into the life of their own larger community, (6) to relate the activities of the first day to those of the second, (7) to provide more accurate verbal descriptions, (8) to learn simple sign

language relevant to zoo tours, (9) to rapidly generate alternative solutions to problem situations that might arise in integrated settings, and (10) to acquire some basic etiquette for integrated groups.

Schedule of Training Activities

DAY ONE

TITLE	MATERIALS/PREPARATION	TIME ALLOWED
I. Introduction	None	20 minutes
II. ATHI Scale	ATHI Scale (One per participant)	15 minutes
III. Foundations for Integration, and/or:	Handout	20 - 30 minutes
III. Optional: Integrated Community Slide Show and Discussion	"Segregation: A Real Handicap" slide show Projector & screen Cassette tape player	35 minutes
IV. Handicapped v. Disabled	None	15 minutes
V. "Handicapism" Discussion	None	20 minutes

DAY TWO

TITLE	MATERIALS/PREPARATION	TIME ALLOWED
I. Introduction	None	10 - 15 minutes
II. Picturing through Words and Objects	Set of 2-4 pictures and objects per participant Handout	20 minutes
III. Animal Signs in Sign Language	Animal Sign Handout	10 minutes
IV. Alternatives for Integrated Settings Game	Game cards	60 - 90 minutes
V. Conclusion	Etiquette Handouts	10 - 15 minutes

DAY ONE: Total Time Allowed: 1 hour, 50 minutes

DAY TWO: Total Time Allowed: 2 - 2½ hours

DAY ONE
ACTIVITY I

Title:

INTRODUCTION

Goals:

To have participants become more comfortable with each other.

To have participants share personal experiences they have had with disabled persons.

Objectives:

Participants will know at least one person a little better and be able to speak about the person at the end of the exercise.

Participants will be more familiar with the group.

Materials:

None

Procedure:

A. Ask participants to look around and identify a person who they do not know or know the least about. After they identify the individual, have them sit with that person and talk for 3-5 minutes (do not tell them what to talk about).

B. After this period, ask each person to think about the following two questions:

   1. "What is the reason why you wanted to be a docent?"
   2. "What experience have you had with a handicapped person?"

C. Tell individuals once they have thought of something for each question, to share their thoughts on both questions with the individual with whom they are sitting.

D. After pairs have shared their answers, ask the pairs to look around and find a pair of individuals who they do not know (or do not know well) and sit with them. They are now in groups of four.

E. Ask participants to share each of their partner's answers with the other group members. While answers are being stated by one partner, the other is to say nothing--even if they are misquoted, that can be straightened out later; (put extra emphasis on this instruction, e.g., tell participants not to say, "I", "my", etc.).

Each person states answers to the two questions for their partner before the next person starts. (Note: For groups of eight or less, omit Step D and combine Steps E & F. Pairs will join to form one circle. Partners will then share each other's answers uninterrupted, and also give one impression they have of that person).

F. Ask all participants to move into a circle. Have each person introduce him/herself and give one impression of the person to whom s/he originally spoke. Suggest that the impression they share be a feeling, not a newly learned fact about the person.

G. Introduce yourself and give a brief (2-3 sentence) description of this workshop. (See the "Overview" to this program, page 1).

Title:

ATHI Scale

Goal:

To have each participant think about how similar or different handicapped persons are from themself.

Objectives:

Participants will complete the ATHI scale (Appendix A).

Materials:

ATHI Scale (one per participant)
Writing instrument

Preparation:

Prepare on the chalkboard an example of an already totalled score like the one on the next page.

Procedure:

A. Present each participant with a copy of the ATHI Scale. Then say:

"This is a scale and not a test. Therefore, there are no right or wrong answers. Are there any questions about how you are to mark each statement? If not, then you will have about five (5) minutes to complete it. Do not dwell on any one statement, just mark it according to your first impression. The completed scale will be discussed as part of Activity V." (Note: If a participant asks what "handicap" means or gives an example and asks if they are correct, respond by saying, "It's whatever you think it means.")

B. After the participants have completed the scale, have them score it in the following manner--say:

"Now please score your responses in the following manner:

a. Except for statements #2, 5, 6, 11 and 12 change every plus (+) sign to a minus (-) sign, and minus (-) sign to a plus (+) sign. The plus or minus sign for the numbers you gave statements #2, 5, 6, 11 and 12 are not to be changed.

b. Now add up all the plus numbers and record the total on the line labeled "(+) total". (Refer to example on chalkboard.)

c. Now add up all the minus (-) numbers and record the total on the line labeled "(-) total". (Refer to example.)

d. Now record the sub-total. If the "(+) total" is larger, subtract the "(-) total" from it and record the number as a plus (+) number. If the "(-) total" is larger, subtract the "(+) total" from it and record the number as a minus (-) number. (Refer to both examples.)

e. Now record the total by adding or subtracting (according to the sign) the subtotal from +60."

Example:				
	11	(+) total	35	(+) total
	-35	(-) total	-11	(-) total
	-24	subtotal	+24	subtotal
	+60		+60	
	36	Total	84	Total

Note: Discussion of the scoring rational is optional. If questions arise, discuss the scoring procedure along with the explanation of the ATHI Scale in Activity V.

Title:

FOUNDATIONS FOR INTEGRATION[1]

Goal:

Participants will become aware of the legal, moral/ethical, and practical reasons which underlie the promotion of integrated activities for the disabled.

Objective:

Participants will be able to listen to and discuss attitudes towards and the rights of disabled persons.

Materials:

Integrated Handout (Appendix B)

Procedures:

A. Randomly select 3 participants and distribute Integration Handout to them.

1. Have one of the particpants read selection 1a of the handout.
2. Ask others for their comments.
3. Provide the following mini lecture:

"Congress passed Section 504 of the Rehabilitation Act of 1973. Section 504 is a civil rights law that guarantees equal opportunities for disabled persons. It is based on the conviction that such individuals are able to perform effectively and successfully in all phases and at all levels of society. Section 504 states:

> '...no otherwise qualified handicapped individual... shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, be subjected to discrimination under any program or activity receiving federal financial assistance.'

Therefore, zoos across the nation which receive money from the federal government, are required to make their physical facilities accessible and provide certain accommodations if necessary to disabled persons who wish to attend the zoo".

4. Ask participants if they notice any physical facility changes or new services and program changes which have been implemented recently or in the past (ramps, special parking stalls, widened toilet stalls, lowered water fountains, braille for blind persons, interpreters for deaf persons, etc.).
5. Conclude by stating that there is a legal foundation for including disabled individuals in integrated community activities.

B. Have next participant read 1b of handout.

1. Ask for reactions from the group.

Footnote #1: If you purchased the slide show entitled "Segregation: A Real Handicap," you may want to exclude this activity and just view and discuss the slide show.

2. Provide the following mini lecture:
"In our society, there are certain moral and ethical beliefs concerning people, their rights and responsibilities. The first of these beliefs is that because disabled persons will spend most of their lives in nonsegregated social and occupational situations, their competence to do so will be heightened by participating in integrated activities. Our nation should therefore provide opportunities for disabled individuals to develop into contributing members of society.
A second belief advocates that social success or failure of a disabled person must lie in the framework of his ability to learn and adjust to normal societal demands. Moreover, non-disabled persons now have the opportunity to learn from and with disabled individuals as well.
A final belief deals with the rights every American citizen is entitled to regardless of individual differences. America was founded on the belief that every individual, regardless of race, sex, religion or any other difference, has certain unalienable rights. The Constitution of the United States guarantees and protects these rights..."

3. Ask participants if they experienced any discrimination and how they felt.

4. Conclude by stating that there is a moral and ethical foundation for including disabled individuals in integrated community activities.

C. Have third participant read selection 1c.

1. Ask others for their reactions.

2. Provide the following mini lecture:
"Now days, it is economically impractical to think of building separate public facilities for only disabled persons. With some modifications, most disabled individuals can attend and participate in their regular community programs and activities. In the long run, it would probably be more cost effective to modify existing structures and services rather than to create new ones. Also, special environments would encourage increased dependency on special norms and standards. Segregation would most likely enhance the sense of difference between disabled and nondisabled persons in our society."

3. Conclude by stating that there is a practical foundation for including disabled individuals in integrated community activities.

DAY ONE
ACTIVITY III
Optional*

Title:

SEGREGATION: A REAL HANDICAP

Goal:

To make participants aware of persons with disabilities in a typical community and their lives and their needs.

Objective:

Each participant will be able to give one suggestion on how s/he might personally assist persons with disabilities to be more integrated into the community.

Materials:

The "Segregation: A Real Handicap" slide show (script in Appendix B)

Screen and slide projector

Cassette tape player

Extension cord

Procedure:

A. Introduce the slide show. Say:

"The purpose of this slide show is to describe how behavior, programs and our physical environment can help to segregate or integrate individuals with disabilities into the community. The slide show suggests how individuals can assist in making their community a place in which everyone, disabled and nondisabled, may have the opportunity to work and enjoy the good life together."

B. Present slide show.

C. Begin discussion by asking for reactions to the slide show. Ask participants how they might assist persons with disabilities to be more integrated into the community.

D. Ask participants if they are aware of any changes of behavior, programs or physical environment that has helped to integrate persons with disabilities in their community.

*The slide show for this activity may be purchased from Hawaii Integration Project.

Title:

HANDICAP/DISABILITY

Goal:

Participants will learn to distinguish between a handicap and a disability.

Objective:

Participants will be able to give examples of handicaps and recognize when a person with a disability may be handicapped.

Materials: (none)

Procedures:

A. Share the following situation with participants. Say:

"There was a situation in which an instructor was referring to individuals as being 'handicapped'. A man in the back of the room raised his hand. This gentleman was in a wheelchair. He said, 'I'm disabled, but I am not handicapped.'"

Ask participants what they perceive the person to mean. Point: A person may have a physical, mental or emotional disability, but that does not necessarily mean that the individual cannot do the same things a nondisabled person does (work, family, travel, etc.).

B. Give the participants the following two definitions and examples:

1. Disability: A disability is more of a medical condition. It is an emotional, intellectual, or physical limitation. For example, a person who uses a wheelchiar because s/he is paralyzed from the waist down has a physical disability.

2. Handicap: A handicap is defined as an obstacle that puts a person at a disadvantage when s/he is trying to do something. For example, if you want to get a book off the top shelf, but the shelf is too tall and there is no stool available, then you are handicapped. Looked at in this sense, all of us have found ourselves in situations where we were handicapped in one way or another.

C. Ask participants to give their own personal examples of a situation in which they have found themselves handicapped.

D. Make the following point:

1. Persons with disabilities are not necessarily handicapped. For example, a person who has lost their right hand has a disability

but they can learn to write with their left hand, or be fitted with an artificial limb and trained to use it.

E. Share the following examples with participants that help to distinguish between handicap and disability and examples of when a disability can be a handicap.

Examples:

Handicap	Disability
-you want to take Algebra II, but the school requirements say you have to take Algebra I first.	-your legs are paralyzed.
-you want to be a police officer, but the height and weight requirements eliminate you.	-you are legally blind.
-you want to do your best in the cross-country race, but you have a cold.	-you cannot speak and hear.

Disability as a Handicap

-a person is legally blind and cannot read a selected book because it's not in braille and no reader or electronic equipment is available.

-a person is deaf and cannot attend a lecture because an interpreter is not provided or available.

-a person uses a wheelchair and can't use the library because a long flight of stairs leads to the library entrance.

Title:

"HANDICAPISM"

Goal:

To make participants aware of the concept of handicapism, and to be able to identify handicapist comments that affect our perception of persons with disabilities.

Objective:

Participants will describe handicapist comments made in vignettes and how the comments affect one's perception of persons with disabilities. Participants will generate one situation in which they have observed themselves or others making handicapist comments.

Materials:

Readings (Appendix C): "A Handicap is Made, Not Born" & "Growing Up Disabled"

Procedures:

A. Note: The facilitator should become very familiar with the text in this step (A). You may read the text to the participants or paraphrase it in your own words. If you choose to paraphrase the text, be sure you are totally comfortable with the concept and can accurately describe each idea presented and in the same order.

Introduce the activity by telling participants that (after Activity III) they should have an understanding of the concept of "disabilit" and "handicap". Now introduce the concept of "handicapism". Say:

"Handicapism is the practice of discriminating among persons on the basis of an apparent or assumed physical or mental disability resulting in unequal and unjust treatment. Handicapism is very similar to racism and sexism where discrimination is based upon race or sex alone.

People who practice handicapism often automatically assume that people with disabilities are dependent regardless of whether or not they actually are, and i.e., respective of their potential for living independent lives. The word "handicapism" has its origin in the practice of people holding their cup in hand while begging. That image of cup in hand is just part of the myth, prejudice, and stereotype that handicapism promotes.

Persons with disabilities are often considered as persons to be pitied and who have little to be happy about. One disabled woman who smiles a lot reports being told, 'It's so good that you can smile. Lord knows you don't have much to be happy about.' (Biklen & Bogdan, 1976)* Considered not capable of much by certain persons, people with disabilities are often described by some persons as 'people with hearts of gold'.

Handicapism is also often responsible for perpetuating the myth that persons with disabilities prefer to be with their 'own kind' and

feel more secure when they don't have to compete with 'normal' persons. Another handicapist myth is expressed in the belief that disabled persons have special personalities unique to their disabilities. For example, that they are more compassionate because 'they know what it is like to suffer'.

Handicapism occurs frequently and in many forms, both in the interactions of individuals and throughout society as a whole. Handicapist comments are so common in our society that we may not be aware we are making them. For example, have you heard a comment like this, 'That poor pitiful little girl, she must be retarded'. Handicapist statements expressing stereotypes about persons with various disabilities may not always be negative in what they imply. But even positive stereotyping is still stereotyping and reflects a prejudicial view of an individual with a disability.

Let's look at some examples of handicapist comments that could be made in context of a zoo experience involving children who are disabled and nondisabled. These examples are not meant to imply that zoo docents necessarily make handicapist comments. Rather, the handicapist examples are made in a zoo setting to be more meaningful to you." (Note to facilitator: emphasize the last sentence.)

Example 1: Two zoo docents are discussing the groups of children they will be taking around the zoo that day. One docent says, "I'm taking a group of children around the zoo and some of the children are blind. It should be easy, you know blind people have such good memories."

Ask participants what is handicapist about that conversation. Point: The statement that blind people have good memories is an example of handicapism. It is a common myth that blind persons have compensated for their disabilities by having an especially good memory. This statement is stereotyping and not necessarily true. Some blind persons may have good memories and some may not. Assuming a blind person has an unusually good memory may be a disservice to him/her.

Now ask participants how they might respond in the situation or to the person making the handicapist comment. Once suggestions have been made, restate the suggestions which show the most respect to all individuals involved in the incident.

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*Biklen, D. & Bogdan, R. Handicapism: A Slide Show. Human Policy Press, P. O. Box 127, University Station, Syracuse, NY 13210, 1976.

Example 2: A zoo docent was taking an integrated group of children around the zoo. The docent approached the lion cage and one child said, "Hey, look at the giraffe," as he pointed to the lion's cage. Another child said, "Did you hear what that 'mental' kid said?", followed by laughing in the group.

Ask participants what is handicapist about that conversation. Point: Referring to an individual as a "mental" as a joke (or reference) is an example of handicapist humor. Jokes or comments are often made about someone being dumb, an idiot, etc. Cartoons such as Jughead, Li'l Abner, etc., often refer to people as dopey, a moron, dim wit, etc. In these incidences a low I.Q. becomes a put-down and indicator of a person's worth. People often say, "I must be brain damaged or retarded--I forgot my own phone number" (just for a laugh). Handicapist humor demeans people with disabilities and adds to the myth that disabled persons are not worthy of the same respect of so-called "normal people".

Now ask participants how they might respond in the situation or to the person making the handicapist comment. Once suggestions have been made, restate the suggestions which show the most respect to all individuals involved in the incident.

Example 3: Just before a zoo tour, the zoo docent asks each child, in an integrated group of children, to show his/her picture of an animal drawn before coming to the zoo. A nondisabled child shows his animal picture first and the zoo docent comments on how nice the picture is. A child with a disability shows his picture next and the zoo docent says the picture is fantastic, an outstanding picture. The two pictures were quite similar.

Ask participants what was handicapist about the incident. Point: Often people heap exaggerated praise on people with disabilities. In this case, a disabled child's drawing. This is a handicapist comment and can happen to individuals of all ages. It is not uncommon to hear a person give exaggerated praise to an adolescent or adult person with a disability as if they were a child. Persons with disabilities, if they do anything, are treated as if they have broken the stereotype that they cannot do anything and are thus unusual, a rare case, amazing. This is one common myth about disabled persons. Persons with disabilities are never seen as simply ordinary. Think about the movies you've seen in which the central character is disabled. Often the disabled person is depicted as superhuman for accomplishing anything. These handicapist comments and portrayals prevent persons with disabilities from being ordinary people.

Now ask participants how they might respond in the situation or to the person making the handicapist comment. Once suggestions have been made, restate the suggestions which show the most respect to all individuals involved in the incident.

B. Now have participants break into pairs. Each pair is to come up with one example of handicapism they have observed as a zoo docent or in their personal lives. When each pair has one example, have one individual from each pair share their example.

Finally, tell participants that understanding what handicapism is and being able to recognize handicapist comments made by themselves and others is an important step in providing quality integrated zoo experiences.

**When one can see a person for themselves and not for their disability or all the stereotypes and myths associated with the disabilities, then a zoo docent can more clearly accomodate for individuals with disabilities based on facts not myths.

C. Explanation of ATHI Scale:

"The purpose of the ATHI Scale is to measure the extent to which you perceive handicapped persons to be like or different from yourself. When the scale is scored, the higher the total, the more you perceive handicapped people to be like yourself (e.g., same needs, wants, desires, etc.); the lower the total, the more you perceive handicapped persons to be different from you. An average score is around 80. A high score would be 90, 100 or greater."

D. Optional: Explanation of Scoring Procedure for ATHI only if the participants ask about the scoring procedure and the required change of signs. Say:

"In scoring the scale, the participant is asked to change some pluses (+'s) to minuses (-'s). The reason for this is that agreement with a statement is shown with a plus score and disagreement with a minus score. It should be remembered that a high total indicates an emphasis on differences. Therefore, if there is agreement (+) with a statement that suggests that disabled persons are different from other people, the score must be changed to a minus (-) so that it results in a lower total emphasizing a focus on differences. In the same way, if there is disagreement (-) with a statement that suggests that disabled persons are different from other people, the score must be changed to a plus (+) so that it results in a higher total emphasizing a focus on similarities."

E. Give participants the reading handouts. Encourage them to read the articles before the "Day Two Sessions". (The readings could also be handed out prior to Day One.)

DAY TWO
ACTIVITY I

Title:

INTRODUCTION[2]

Goal:

To review DAY ONE activities and introduce DAY TWO.

Objective:

Each participant will be able to comment on something s/he learned the day before. The participants will be able to describe the range of disabilities that may be encountered in integrated groups and begin to think about how such differences may be accomodated.

Materials:

None

Procedure:

A. Ask each participant to comment on the one thing from the activities of DAY ONE that made the deepest impression on them and why it did.

B. Ask participants to imagine that they are looking at an integrated group of zoo visitors. Ask them to suggest what kinds of disabilities some of these visitors might have. Also ask them what things they might have to do differently when accomodating such a group. At this point, just accept answers as they are given. The purpose of this exercise is to just have the docent begin to think about individual differences that must be accomodated.

C. If these things have not been mentioned already, suggest to them that:

Of the persons with disabilities some
-may not see
hear
talk
-may use a wheelchair
crutches
-may not show attention for long or even short periods of time, etc.
Increasingly, groups must be accomodated which are composed of both disabled and nondisabled persons. Docents are to provide a zoo experience for all groups. Therefore, you may need to do, say, and think about things differently to accomodate integrated groups. The following activities were designed for that purpose. When accomodations are made, persons with disabilities have more of an opportunity to fully participate in the zoo experience.

Footnote #2: If the zoo docent training will be delivered in a one day format, omit Procedure A, Day Two, Activity I.

DAY TWO
ACTIVITY II

Title:

PICTURING THROUGH WORDS AND OBJECTS

Goal:

Making accurate verbal descriptions of animals and animal-related objects.

Objective:

Participants will be able to verbally describe at least 2 animals or animal-related objects such that someone else will know what animal or object is being described and agree that it has been described completely and accurately.

Materials:

Pictures of animals (2-4 per participant) and animal-related objects, hidden in folders, boxes and bags

Handouts (Appendix D)

Procedure:

A. Distribute handouts with description guidelines.

B. Explain that the exercise they are about to do will focus on how to discriminate more accurately, then communicate better with visually impaired individuals. The handout just distributed contains a few tips on how to do it.

C. Read handout aloud.

D. Break group into pairs and have them designate each other as either "student" or a "guide"--(where there are an odd number of participants, have two "students" and one "guide" absorb the odd participant; the procedure that follows will be the same for this 3-person team).

E. Explain that the guide will describe the animal in the picture or object in a bag without giving its name or showing it to the "student". The "student" is to close his/her eyes so as not to see the gestures or facial expressions the guide may make. After the guide has completed the description, the "student" is to try and guess what the animal or object is and then give the "guide" feedback as to whether or not the description was as complete and accurate as it could have been. Remember that the object is <u>not</u> to quickly guess what the animal or object is with the least amount of descriptions (as in Password), but to give the "guide" practice in creating vivid, complete descriptions.

F. Distribute 2 (or more) animal pictures or objects to the guide in each team. Repeat the instructions in Step E and remind the guides that they are not to show or tell anyone on their team what the pictures or objects are. Then have the guides begin describing their picture or object. After the pictures or objects have been described and a consensus between the guide and the student as to what would constitute an adequate description in each case has been reached have the teams select a new guide. When teams have selected a new guide, give the guide a different set of pictures or objects and repeat the process.

G. Time permitting, share some of the good descriptions with the whole group; also discuss problems encountered, things taken for granted that shouldn't be, etc.

Title:

SIGN LANGUAGE

Goal:

To learn some sign language relevant to hearing imparied zoo visitors.

Objective:

Participants will be able to demonstrate at least three such signs.

Materials:

Resource person with knowledge of the signs below or others that may seem relevant

Handout (Appendix E)

Procedure:

A. Explain that learning sign language can be a fun thing to do and can be taught to both hearing impaired and non-hearing impaired persons. Tell participants that while persons who are hearing impaired will be accompanied by other persons who most likely are proficient signers, it would be worthwhile for docents to at least know a few signs and greetings as an aid to developing rapport with these persons and to making them feel welcome.

B. Demonstrate animal and other signs and have the docents follow.

Tiger	Bear	Lion	Hello	Thank you
Flamingo	Giraffe	Snake	Look	Follow me
Elephant	Monkey	Rabbit	All done	Stop

DAY TWO
ACTIVITY IV

Title:

ALTERNATIVES FOR INTEGRATED SETTINGS

Goal:

To practice the process of generating alternatives for problem situations in integrated settings.

Objective:

Participants will produce unique solutions to problem situations that are both presented and generated by themselves.

Materials:

Alternatives For Integrated Settings Game Cards Instructions (Appendix F)

Procedure:

See directions for Part I, II, III of Alternatives for Integrated Settings, (Appendix F).

DAY TWO
ACTIVITY V

Title:

CONCLUSION

Goal:

To give participants the opportunity to share thoughts and feelings about the docent training activities they have just experienced and to acquire some basic etiquette for integrated groups.

Objective:

Participants will become more aware of how they and a person with a disability may be more comfortable and respectful of each other in social situations.

Materials:

Etiquette with People (with disabilities) - (Appendix G)

Procedures:

A. Distribute handout to participants.

B. Describe the etiquette handout and discuss in general, or read aloud with the group. Encourage participants to review the etiquette handout each time prior to conducting an integrated zoo experience for children/youth.

C. Briefly summarize the two days of training activities and then ask participants to share their thoughts and feelings.

D. Encourage docents to share future experiences in integrated settings with each other.

APPENDIX A

ATHI Scale

ATHI SCALE
By
Al Lazar

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3; or -1, -2, -3; depending on how you feel in each case.

+3	I agree very much	-1	I disagree a little
+2	I agree pretty much	-2	I disagree pretty much
+1	I agree a little	-3	I disagree very much

____ 1. Parents of handicapped children should be less strict than other parents.

____ 2. Handicapped persons are just as intelligent as nonhandicapped ones.

____ 3. Handicapped people are usually easier to get along with than other people.

____ 4. Most handicapped people feel sorry for themselves.

____ 5. Handicapped people are the same as anyone else.

____ 6. There shouldn't be special schools for handicapped children.

____ 7. It would be best for handicapped persons to live and work in special communities.

____ 8. It is up to the government to take care of handicapped persons.

____ 9. Most handicapped people worry a great deal.

____10. Handicapped people should not be expected to meet the same standards as nonhandicapped.

____11. Handicapped people are as happy as nonhandicapped ones.

____12. Severely handicapped people are no harder to get along with than those with minor handicaps.

____13. It is almost impossible for a handicapped person to lead a normal life.

____14. You should not expect too much from handicapped people.

____15. Handicapped people tend to keep to themselves much of the time.

____16. Handicapped people are more easily upset than nonhandicapped people.

____17. Handicapped persons cannot have a normal social life.

____18. Most handicapped people feel that they are not as good as other people.

____19. You have to be careful of what you say when you are with handicapped people.

____20. Handicapped people are often grouchy.

APPENDIX B

Integration Handout
and
Slide Show Script

HANDOUT #1

1a). "Everyone in our society is protected by laws. But I think disabled individuals do not need special laws to protect them. They will probably have someone to take care of them and protect them for the rest of their lives anyway."

1b). "Even if I were disabled, I sure would like to have the opportunity to do what I enjoy, like going to the movies once in awhile, eating at a nice restaurant or swim at the recreation center. Besides, like everyone else, I'd like to have friends too. Don't I have the right to happiness too?"

1c). "I think disabled people should have special and separate buildings and facilities for programs and activities, because they would probably need all kinds of special equipment and care all the time. It'll probably be better for the disabled person to do things with other disabled persons. At least they'll be able to relate to each other since they would have an understanding of each other's problems. The public buildings should remain the way they were built. Tax payers spend enough money as it is!"

	VISUAL	AUDIO	NARRATION
1.	Far away shot of empty playground	Airy, light music	In 1954, the United States Supreme Court ruled that it was illegal to separate school children according to their races. Such segregration would not give children of minority groups equal educational opportunities.
2.	Children running out to recess from room	School bell rings (music is still playing)	Since then Congress and the courts have been committed to the goal of increased integration of children of diverse ethnic backgrounds in public schools.
3.	Children's play scene from behind soccer netting	Sounds of children playing, music fading slightly	But today, there still are children (and adults, too) who often find themselves isolated from the rest of society and often in segregated settings.
4.	Far away shot of disabled children in corner of playground	Still playful noises	These are persons with a variety of disabilities--medical conditions that may exist as emotional, intellectual or physical limitations. For example, these are people who are blind, deaf, learning disabled, paralyzed, retarded, emotionally disturbed, and amputees.
5.	Zoom in on disabled children still playing	Music playing quietly	Such persons are often referred to as "handicapped," but a disability and a handicap are not the same thing.
6.	Close-up of disabled child playing on jungle gym with crutches to the side		A disability is a handicap only when it prevents a person from doing something s/he wants to do. This child has a disability and cannot walk without crutches. But he is not handicapped when playing on the monkey bars.

7.	Disabled children at top of stairs, the only access to basketball courts.		These children have disabilities and are handicapped when they face a flight of stairs--Such conditions that keep persons isolated and segregated from nondisabled persons, deny these people full participation in American society.
8.	SEGREGATION-A REAL HANDICAP	Music stops, narra- comes on strong	For them, segregation, no matter what its cause or how it occurs becomes--A REAL HANDICAP.
9.	8 million children..., 1 million excluded... 4 million receiving...		In 1975 many persons with disabilities, despite their own efforts (as well as those of friends and families), had not been able to obtain an education. Of the 8 million children with disabilities in the United States, one million of them were excluded entirely from public education and 4 million were receiving an inappropriate education.
10.	PUBLIC LAW 94-142 November 29, 1975		Therefore in 1975 Congress passed the "Education for All Handicapped Children Act". This act guarantees a free and appropriate education for children and youth with disabilities. Such an education is supposed to take place in the least restrictive, that is, the most integrated neighborhood public school setting.
11.	Gerry with 3 men in office (gym)		A truly integrated setting is one in which people with and without disabilities can be together, in the same place, to play, to work, to just be together.
12.	DOE State Office		The Hawaii State Department of Education has begun to meet many of the requirements of Public Law 94-142.

13. Child in wheelchair approaching school van

Still, there are children who are bussed many miles from their homes to centralized special schools in order to receive therapy and training from professionals.

14. Disabled person with therapist

Centralized services for the disabled usually result in the segregation of children with disabilities from the nondisabled.

15. Disabled person with friend

Such services can also be provided in settings that will allow children with disabilities to attend classes in a public school with children from their own neighborhood.

16. Scene from Special Friends but out of school context

Having friends is an important part of growing up. By going to a neighborhood school that serves all the students, disabled students increasingly will be seen by nondisabled students as people like themselves rather than as strange or different and needing to be separated.

17. Pohukaina/Kaimuki school signs

Such interaction between disabled and nondisabled students is minimal on this Honolulu school campus. Here two separate administrations are maintained on this one site. Regular education and its students are kept on one side of the campus and special education students are kept on the other. Incidently, there is an obvious increase in costs for providing this unnecessary duplication of services.

18. Classroom scene

Children learn many different things in school.

19. Library scene	In a school setting where disabled students are segregated from nondisabled students, both learn that students with disabilities are different, need to be protected, and are to be avoided.
20. Hallway scene	In an integrated school setting like this one, both disabled and nondisabled students have the opportunity to experience the same respect, friendship and challenge.
21. 2.5 million with disabilities... 1970 U.S. Census	In 1974, it was predicted that the 2.5 million disabled persons leaving school between 1975-1977 would be underemployed or living at the poverty level. The 1970 United States Census showed that 85% of employed persons with disabilities earned less than $7,000- a year and 52% of those earned less than $2,000-.
22. Terry on phone	When given the opportunity to obtain the best education possible, many disabled persons find employment in professional,...
23. Service station	...,white collar, and service positions.
24. Adult working with young child (Special Friends)	Persons with disabilities, like most of us, want to get a good education...
25. Disabled person in work situation .	...,find a good job, and make a comfortable living.
26. Family gathering	We all value a home life surrounded by family and friends. Having a disability does not lessen one's desire to attain these things...

27. Young person confused by job application	Having a disability does, often times, limit one's choices.
28. Terry and Gerri Young	Two individuals who worked to attain a rightful place in their community are Terry and Gerri Young.
29. Gerri	Gerri was 11 years old when she fell from from a tree. This accident damaged her spinal nerves and left her paralyzed from the chest down.
30. Terry	Terry was 15 years old when he dove into shallow water. The accident severed his spinal cord and he became paralyzed from the neck down.
31. Waterfall at Waimea	These two split-second accidents arising from common activities, greatly changed both their lives.
32. Terry's graduation picture	Following his accident, Terry received tutorial instruction at the hospital. After a year, he returned to Kamehameha Schools to graduate with his class.
33. Terry and Gerri	Since then he has gone on to earn a Bachelor's Degree in Psychology and a Master's Degree in Rehabilitation Counseling from the University of Hawaii.
34. Farrington High School	After graduating from Farrington High School and a two-year business school...
35. Sears	...Gerri worked for 13 and a half years as a telephone sales person for Sears, Roebuck and Company.

36. Gerri at desk	More recently, she has been employed by the State of Hawaii Commission on the Handicapped as a receptionist.
37. Terry pressing weights	While going to school, sports played a large part in Terry's life. Today, both Terry and Gerri are physically active.
38. Tennis scene	They play tennis and table tennis...
39. Jogging scene	...and they jog.
40. Special Olympics	Disabled persons can participate in community-wide sports events.
41. Swimming pool scene	Physical facilities can be adapted so that all may participate equally.
42. Mountain climbing	If given the opportunity, some disabled persons are capable of participating in very rigorous activities.
43. Bathroom	Terry and Gerri have adapted their home to their special needs.
44. Lift in bedroom	Every morning, Terry uses this lift with Gerri's assistance to get into his wheelchair.
45. House with stairs	Many houses in Hawaii are not designed to accomodate disabled persons.

46.	Disabled person at bus stop	In fact, even looking for housing can be difficult for the physically disabled person who must rely on public transportation. Although regular buses could be fitted with ramps and lifts, the City and County of Honolulu has not made this regular public system of transportation available to all.
47.	Handi-Van Map	Instead, the Handi-Van, a time-consuming and costly alternative, is offered to most but not all of the disabled persons on Oahu.
48.	Hand holding Bus Pass	Those persons with disabilities who can use the buses can obtain a free Bus Pass.
49.	Young's van	Terry and Gerri have their own modified van to get them where they want to go.
50.	Market scene	...To the movies or the market...
51.	Restaurant scene	...to church or a restaurant.
52.	Ten people	In the United States, even though one out of every ten persons has some form of disability...
53.	PITY AVOIDANCE SEGREGATE MENTAL	...Many of us still hold stereotypes of disabled persons, misconceptions that we learn from one another and, in turn, pass on to others.
54.	Crowd shot	Stop and think...how do these stereotypes influence us?

55. Children teasing one

Think about when people tease each other...
"You Mental !!!"
"Eh, no call me mental, you mental!"
"Eh, not me; him da one mental."

56. Church group sitting

Or when people, with the best of intentions, plan segregated activities...
"We ought to do something for those poor handicapped kids. Let's have a party <u>just</u> for them."

57. Children looking at picture of disabled person

What about when people assume that a disability means the end of a life worth living?
"If I was like that, I'd rather be dead."

58. Picture of employer

Or when they assume that a disability means an inability to be educated or learn a skill..."I'd like to hire the handicapped but we already have enough unskilled workers."

59. Group of disabled children in crosswalk

Or when people assume that disabled persons should continue to be isolated and segregated from the larger community...
"Don't they have special places for people like <u>that</u>?"
When our thinking and behavior are guided by such stereotypes, we often perpetuate those conditions that keep many disabled persons from participating in community activities.

60. Girl with cane behind others on stairs

On the other hand, pretending that disabled persons are like everybody else and have no special needs is to ignore them as well.

61. Dean Hall

Many buildings still offer only limited access for physically disabled persons.

62. Door too narrow for person in wheelchair

Narrow doors can exclude and isolate.

63. Gate at zoo

Exclusion and isolation of disabled persons either because of fear or a misguided concern for their own good, is still SEGREGATION.

64. Children with puppet (Special Friends)

By perpetuating these conditions, we all lose certain social benefits that greater integration can bring.

65. Scale

There are economic benefits to greater integration as well. For example, it costs the tax payer about $32,000 a year to take care of one disabled person in an institution. That same person might be cared for at home for about $4,000.

66. Scene of children

Each of us can do something to insure the successful integration of persons with disabilities into the community.

67. Children teasing child

We can be more conscious of statements and actions that put down disabled persons. We can recognize their need for friends... a need we all share.

68. Building

Builders and contractors can consider making buildings more convenient for disabled persons.

69. Elevator buttons

Sometimes only a simple modification, like Braille elevator buttons, is all that is needed.

70. Curb		Community planners can consider our diverse population when...
71. Parking space		...designing streets, signs and parking accommodations.
72. Crosswalk	Kapahulu crosswalk sound	Sound can be added to pedestrian walk and stop signs as an aid to blind persons.
73. Sign for party		We can be aware of the policies and spending procedures of charitable organizations we support. Segregated parties although planned with the best of intentions, often do more harm than good. When such segregated activities do occur, we should boycott them.
74. Theatre marquee		We can also boycott films that show physical disabilities as something monstrous.
75. Zoo scene		We can support, with our time, money and participation, those organizations that have activities and programs for integrated groups and audiences.
76. State building		We can lobby at the state and local levels for more public programs to serve integrated groups.
77. Credits	Intro music-soft	Many persons work very hard to minimize the handicapping effects of a disability.

78.	Credits	Music-little louder	So let us not handicap persons with disabilities with that very real handicap-SEGREGATION.
79.	Credits	Same music	Work for Integration!!!

APPENDIX C

Readings

Chapter 1: A HANDICAP IS MADE, NOT BORN

in: The Disabled and Their Parents: A Counseling Challenge, by Leo Buscaglia, Ph.D., Copyright @ 1975 by Charles B. Slack, Inc.

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SOMEWHERE, even as you read this, a child is being born with a limitation. It may be blindness which will make the grandeur of a far-off mountain range a life-long mystery. It could be deafness, precluding the child's ever knowing the splash of the surf or the wonder of a Bach cantata. Perhaps cerebral palsy or spina bifida will deny the individual the experience of running through the wind or becoming an athlete. The brain may be damaged which will have a more disguised and subtle effect upon future behavior and learning and could bring about seizures causing an irreparable mental retardation. But birth defects are not solely responsible for the disabilities. At this moment, too, a child or adult is being involved in an accident. One may be cruising along in a car on a beautiful Sunday afternoon, and suddenly, in an unguarded second, find oneself permanently limited, with the brain crushed, limbs mangled, and mind devoured. One may slip in a shower, be struck by a golf ball, hit by a surfboard or slip on a door mat. No one is immune from possible irreparable disability.

These persons may have wealth or have no worldly possessions. They may be educated or unschooled. Their emotional lives may be healthy or tenuous. The one thing these individuals all will have in common is that each will be faced with a new, unexpected, possibly devastating adjustment. This adjustment may require them to drastically change their way of life, their profession, their hopes for the future and their plans for achieving their dreams.

A disability is not a desirable thing and there is no reason to believe otherwise. It will, in most cases, cause pain, discomfort, embarrassment, tears, confusion and the expenditure of a great deal of time and money. Still, with every passing moment, handicaps are being made as well as born.

Though they may not be aware of it at the time, the infant born with a birth defect and the adult who is crippled later in life, will be limited not so much by the actual disability as much as by society's attitude regarding the disability. It is society, for the most part, that will define the disability as a handicap and it is the individual who will suffer from the definition.

Dr. Sol Gordon (1974) puts it well when he states:

> Society creates handicaps. While most disabilities are products of birth and accident, the debilitating impact on the

> person's life often results not so much from the "disability" as from the manner in which others define or treat the person. We incarcerate hundreds of thousands of people with special needs in custodial institutions; even those fortunate enough to receive services in the community usually find them in segregated and consequently stigmatizing settings such as sheltered workshops and special schools. These stereotypic means of serving people with special needs, through institutionalization and isolation, reflect the assumption that people with disabilities have neither interest nor ability to interact with the larger society.

There is an amusing, but rather disarming, Spanish story which tells of a land where the inhabitants, one by one, find that they are growing tails! Much to their horror, the first to sprout these monkey-like appendages do their utmost to hide them. They awkwardly stuff their tails in baggy trousers or flaring skirts in order to hide their *strangeness*. But as they discover that everyone is growing his own tail, the scene drastically changes. In fact, the tail proves to be very useful for carrying things, for quicker mobility, for opening doors when arms are full. Clothes designers begin to create clothing to accommodate, indeed, accentuate and liberate the newly grown tails. Soon, adornments are being used to call attention to these most novel appendages. Then, all at once, those who have not grown tails are seen as freaks. They frantically become engaged in finding means of hiding the fact by buying artificial tails or retreating from the tail-filled society altogether. How embarrassing! No tail!

In our culture, we continuously encounter examples of such attitudes. What is to be considered normal or beautiful is constantly being defined or redefined. In one era it is considered desirable for a woman to be as slim and shapeless as possible. Her body is molded and squeezed into confined, corseted lines. Breasts and buttocks are flattened and hips are hidden under designer patterns which will disguise her natural contours. Shortly thereafter the *style* changes. Now breasts are freed, even padded and left partially exposed, hips and buttocks are glorified and women are encouraged to revel in their shapeliness.

Standards of beauty, like standards of physical perfection, may differ not only within a society, but also among societies. While the standards for the United States, at one time, may be the slim, boyish look for the female, the Italians, for instance, may

continued to admire the more *Titian-like* ladies — pink, soft, round, ample, satisfying their age old desire to "have something to hold on to."

In Western cultures, large, long ears may conveniently be tucked behind well-designed hairdos. In various African and Polynesian cultures, the ears are often pulled in all manners of torturous ways to deliberately elongate them, and thus, make them attractive and more desirable to the individuals in their community. Lips are pulled, feet are squeezed, noses are smashed, and accommodations are made to suit society's will.

How individuals define physical beauty or normalcy will be determined to a large extent by what their cultures have taught them about perfection and beauty. They are, in this way, preconditioned to standards of physical perfection from childhood, long before they are able to decide for themselves and create their own individual standards.

It often happens, as we mature, that our personal criteria for perfection change and may become counterculture. There were those men, for instance, who rebelled against the clean-shaven look and as a result, lost their jobs or the respect of friends and families. Girls who first took to short skirts scandalized their parents and friends and were often excluded from *decent* society. Then, a few years later, the societal trends changed. Beards, long hair, and short skirts were accepted by the majority. Then a crew-cut hair style or a long skirt was considered strange.

This influence of society upon expectations of physique and beauty may be observed in the behavior of very young children. They do not seem to be much disturbed at their early age by cultural standards of physical beauty or normalcy. They play freely and joyfully, equally at ease with the pock-marked little girl, the skinny boy, the lame child or the young athlete. It is only later, after they have learned and incorporated the cultural standards of perfection and beauty, that we hear them taunt Mary for her *crossed eyes*, call Pete a *retard*, mimick Fred's *stutter* or pantomime Anna's *palsy*.

The media is a strong force in influencing attitudes of perfection and beauty. Seldom, if ever, do we see an obese woman advertising deodorants; she is used for Italian spaghetti ads. It would be a shock, indeed, to see a shirtless, underdeveloped young man in a canoe used for a cigarette commercial or a model with uneven teeth showing toothpastes.

Rather, the models are the currently accepted versions of the *idealized* perfect specimens, the concept being that if one uses the product, one can be that way, too.

Horror films continue to enhance and influence our attitudes regarding beauty and physique by suggesting fright when depicting the physically different. Monsters always seem to have a disfigured face, a hunched back, a clubfoot or a twisted limb which they drag menacingly behind them.

It is no wonder that our attitudes toward the people we encounter are often formed by the initial response we have to their external physical attributes. Everyone wants to be, and be seen with, a *perfect physical specimen.*

On the first day of teaching my university class in the Education of Exceptional Children, I frequently ask the students to complete an interesting questionnaire. It is a short check list which asks how far they would go in a personal relationship with disabled individuals of their own age.

One side of the questionnaire lists such problems as deafness, cerebral palsy, mental retardation, blindness, and epilepsy. On a graded distancing scale they are to check (1) I would have them as a friend, (2) I would invite them to my home, (3) I would date them, (4) I would marry them, (5) I would be parent to their child. It is not surprising that very few students go beyond the second level of relationship with any of the mentioned individuals. A simple, but striking example of attitudes regarding disabilities and differences.

There is little doubt that the human physique influences behavior, and to a large extent, then, determines human interaction, communication and relationships. In addition, individuals often equate outward physical characteristics with the inner nature of the man, his general personality, and his mental ability. It is not uncommon for people to correlate a physical disability such as cerebral palsy, blindness or deafness, and even certain speech impediments with subnormal intelligence.

My students are given another exercise each semester which they find most distasteful, but often quite enlightening. They are asked to go somewhere in the community and feign stuttering. The purpose of the experience is made quite clear. It is to help them to *feel* the social effect of a disability, the trauma it can

create for the possessor and the observable responses and reactions it elicits.

The *insight* most often mentioned by the students who perform the experiment is that in most cases the speech problem produces a dual effect upon the listener. Not only does he seem to "fear" the stutterer, but he also tends to treat him as if he were simple-minded. It is not uncommon for the stutterer to be led by the hand to the object requested or to be given simplistic directions, accompanied by child-like gestures, or shouted responses in exaggerated, mouthed syllables.

People with physical defects are often treated in a like manner, even though there has never been a systemic investigation which offered any meaningful support to a disabled body-disabled mind connection. Yet this generalized response is made by many of us daily. "Sound mind in sound body." "What can you expect from a fat slob?"

Much of the psychology of the disabled is essentially a social psychology. It is based primarily upon interaction with others in the individual's particular and personal environment.

It is an easy leap then from the opinions and impressions society has and sends off regarding physical disabilities, to the physically disabled person assuming these as a part of his behavior and personality. This phenomenon is often referred to as *somatopsychology*. This is the study of how society's response to a disability will affect the disabled person's actions, feelings and interaction. It suggests that society may influence a person with physical or mental problems to limit his actions, change his feelings about himself, as well as affect his interaction with others. The degree to which he is influenced will depend upon the strength, duration and the nature of the judgmental stimulus.

This is well illustrated in a story related by a sensitive young lady with athetoid cerebral palsy. As an adolescent, she had learned quite well how to hold a spoon in her hand, but in *her* way, with her elbow planted firmly on the table. In this manner, she could very efficiently bring the food from her plate to her mouth, in a more controlled fashion, without too much spillage. A real accomplishment for her! Her parents continually reprimanded her with "proper young ladies did not eat with elbows on the table." It was made quite clear that until she learned to eat *properly*, she would not be taken out to dinner

with the family. Without the support of elbows firmly on the table, her food was usually catapulted about the room with little respect for man or animal.

In this case, the family was insisting that what was *normal* for society was to be used as the standard for all, even a daughter with athetoid paralysis.

Another classic case in point was presented beautifully by Christy Brown in a small but important book called *My Left Foot.* Severely involved with cerebral palsy, he was given up for hopeless by those in his environment. But in spite of this, his keen, alert mind was eagerly seeking expression through any avenue available. After many frustrations and trials he found that he could use the toes on his left foot to write and to draw. All those about him, except his mother, were appalled and dissuaded him — assuring him it wasn't *right.* People didn't eat, paint, write, type, with their feet! It was grotesque! With the persistence of one whose need for expression far exceeded cultural limits and approval, he not only used his left foot to write, but produced several books, including a magnificent biographical best-seller called *Down All The Days.*

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Included in the domain of somatopsychology is also the factor of semantics. Johnson (1946), Korzybski (1951), Whorf (1947), Lee (1947), and Sapir (1931) have all studied and expounded upon the power of words and syntax to affect an individual's personality and the self-image. They have suggested that language does not only *convey* ideas and feelings one has regarding those ideas, but it can also *shape* the ideas and feelings of the listener. For instance, Johnson considers language a powerful enough force to *create* a disability such as stuttering in a child and serious neuroses of all kinds in adults. It is well known that if we are told enough times that we *are* something, we are likely to believe it, as well as become it.

I recall an incident which occurred in a class for physically disabled children which serves as an illustration of this power of words. The teacher and the physical therapist were trying to help a paraplegic child in braces walk with a stroller. The child kept saying "I can't! I can't!" Finally the teacher asked, "Sally, who said you can't?" "My mother said so. She said I can't ever move without my wheelchair so I might as well accept it! She knows because the doctor told her!" The physical therapist smiled and

hugged her softly, "What do *you* think?" she asked. Sally looked firmly at the therapist, then the teacher. "I don't know," she answered. "Would you like to try?" the therapist asked. A long pause. "I think so," the child replied. Sally now walks with a stroller.

We often define the disabled person in terms of his limitations. "You can't" is a phrase he learns early. No one seems too much concerned with what he *can* do. Taken as a total human person, it is safe to suggest that he *can* do more than he *cannot*. Too often the person defines his disability during his entire lifetime in terms of the words which are used about him. How often have we seen two parents discussing their children in the supermarket with the children at their side. "This is the stupid one," one mother states, "but he has a nice way about him." In a pointed manner, unconsciously, she is telling her child who he is.

Beatrice Wright, in her excellent book, *Physical Disability — A Psychological Approach*, (1960), suggests rather persuasively that people should be quite concerned with terminological issues especially relating to the disabled. For instance, she feels we should always refer to a *person* who is physically disabled, rather than a *physically disabled person*, for the former phrase suggests that the individual is a person *first*, and secondarily, disabled. She continues, and it is difficult to disagree, that though this may seem insignificant, it has powerful effects. Dr. Wright goes so far as to reject even the word *handicapped*. She quotes from Hamilton (1950) who sees the word *handicap* as dealing more with the cumulative obstacles with which the person with a disability must cope, both in terms of his physical limitation as well as cultural, societal, and interpersonal problems. It is well, then, to remember that a *disability* is more of a *medical condition*. On the other hand, it may or may not become a handicap to the extent to which it does or does not debilitate the individual emotionally, intellectually, and physically, in terms of his ability to fare for himself.

In this sense, Christy Brown's cerebral palsy is not a handicap to his communicating. He is able to express his creative genius by substituting his left foot for his right or left hand. It would have become a handicap if he had been prevented from using his foot and allowed himself to be persuaded by his doctor, parents, family, friends or society, that his dream of making his unique, personal statement was unrealistic. Christy Brown, then, may be

said to be less *handicapped* in terms of communicating than a young teenager who has a simple protrusion lisp, but who refuses to recite in class because the speech impediment is embarrassing.

In this book, for the most part, the word *exceptional* (in the sense of rare, or forming an exception to the statistical norm), disabled, impaired or limited will be used, rather than *handicapped*. If the term *handicapped* is used, it will refer to those particular individuals who, because of some force — social, personal or otherwise — have allowed their disability to debase or debilitate them sufficiently so as to prevent them from achieving some desired goal, or preclude their faring for themselves.

Wright (1960) states this well in summing up her discussion. She concludes:

> A physical attribute is a physical handicap only when it is seen as a significant barrier to the accomplishment of particular goals. This means that, in the individual case, a physical disability may or may not be a physical handicap. This is also true of a physical attribute that is not a deviation. Moreover, a physical attribute may become handicapping not because it is physically limiting, but because it adversely affects social relationships.

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Pearl Buck tells us in her book, *The Child Who Never Grew*, that while her daughter, born severely mentally retarded, lived in China, she was not recognized as handicapped. The Chinese, at the time, accepted the disabled as simply a fact of life and cared for them as they would any child. It was not until Mrs. Buck brought her child back to a Western culture that she began to see the stigmatization and prejudice toward the disabled. Then, even she began to perceive her daughter as handicapped and as a result, to treat and respond to her differently.

It seems almost simplistic to belabor the points made so far. Suffice it to suggest that the child with a physical or mental disability, born in our society, is not, as yet, handicapped, simply disabled. Doctors, parents, teachers, psychologists, friends, relatives, all, no doubt, well-meaning, will be responsible for convincing this child, or helping him to learn, that he is handicapped. It is a difficult thing to avoid, for our own fears, misunderstandings, apprehensions, and prejudices will come out in thousands of different ways, mostly unconscious. They will be

disguised in medical mumbo jumbo, educational jargon, psychological testing, parental protection, familial over-concern, and often under the mantle of love.

It is imperative, then, for those of us who care about disabled individuals to be constantly on our guard to be certain that we are not aiding and enhancing the process of their becoming handicapped as well.

It might be well for us to consider the following guidelines. Some of these will be elaborated upon later but are stated here, merely for the purpose of reminding us that *handicaps are made, not born.*

* Remember that the disabled are their own persons, not yours. They do not belong to you, to your family, your doctor or to society.

* Remember that each person who is disabled is different, and no matter what label is attached for the convenience of others, is still a totally "unique" person. There are no two retarded children who are the same, or no two deaf adults who respond and react in a similar fashion.

* Remember that the persons with disabilities are *persons* first and disabled individuals secondly. These persons have the same right to self-actualization as any others — at their own rate, in their own way, and by means of their own tools. Only *they* can suffer their non-being or find *their* "selves."

* Remember that the disabled have the same needs that you have, to love and be loved, to learn, to share, to grow and to experience, in the same world you live in. They have no separate world. There is only *one* world.

* Remember that the disabled have the same right as you to fail, to fail, to suffer, to decry, to cry, to curse, to despair. To protect them from these experiences is to keep them from life.

* Remember that only those who are disabled can show or tell you *what is possible for them.* We who love them must be attentive, attuned observers.

* Remember that the disabled must do for themselves. We can supply the alternatives, the possibilities, the necessary tools — but only they can put these things into action. We can only stand fast, be present to reinforce, encourage, hope and help, when we can.

* Remember that the disabled, like ourselves, are entitled to life as we know it. They, too, must decide to live it fully in peace, joy and love, with what they are and what they have, or to sit back in lacrimal apathy and await death.

* Remember that persons with disabilities, no matter how disabled, have a limitless potential for becoming — not what *we* desire them to become, but what is within *them* to become.

* Remember that the disabled must find their own manner of doing things — that to set our standards, (or the culture's standards) upon them, is to be unrealistic, even destructive. There are many ways of tying shoes, drinking from a glass, finding one's way to a bus stop. There are many ways of learning and adjusting. They must find the best way for them.

* Remember that the disabled also need the world, and others, in order to learn. All learning does not take place in the protected environment of the home or in a classroom, as many people believe. The world is a classroom. All of mankind are teachers. There is no meaningless experience. Our job is to act as loving human beings with emotional Band-Aids always ready after a fall, but with new road maps at hand for new adventures!

* Remember that all persons with disabilities have a right to honesty about themselves, about you, and about their condition. To be dishonest with them is the most terrible disservice one can perform. Honesty forms the only solid base upon which all growth can take place. And this above all — remember that the

disabled need the best *you* possible. In order for them to be themselves, growing, free, learning, changing, developing, experiencing persons — *you* must be all of these things. You can only teach what you are. If you are growing, free to learn, change, develop and experience, you will allow *them* to be.

THREE

Growing Up Disabled[**]

**from: *SPECIAL PEOPLE A Brighter Future for Everyone with Physical, Mental and Emotional Disabilities*

Author: Shirley Cohen

Published by: Prentice-Hall, Inc., 1977.

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I received a telephone call. Mimi had died after open-heart surgery. The next day I went to the chapel. Mimi looked lovely but unreal. The real Mimi would never have been still for a minute. She would have been smiling at you, tugging at your sleeve, making friends, challenging anyone's indifference. She would have been jumping up and down, climbing steps, playing games, saying a definite "No!" to any request, but then usually doing it anyhow.

I had come with great hesitancy, remembering the hysteria and depression at the few funerals I had attended, my own father's and my favorite cousin's particularly. But there was no hysteria or depression at the chapel that Wednesday, only quiet grief and mourning for someone who was well-loved.

"She lived more in her four years than most people ever do," said her mother. "She took advantage of every minute she had. If we had put off the surgery any longer, she would have begun to deteriorate and to experience pain. I couldn't stand that thought."

"The doctors were marvelous. They worked for hours trying to save her. I've had some bad experiences with doctors, but this has changed my mind. She had the best possible care. They came to me afterwards and told me how sorry they were. I told them not to feel guilty. They had done their best, but some things are not in man's control."

"I know she had the best that she could have gotten in love, in education, in medical care. She leaves a void in our lives that will never be filled, but we know that she had the best possible life for her."

Near Mimi's casket was a huge floral wreath with the ribboned inscription "To Mimi Our Treasure, Mom, Dad, and Fluffy."

What is your impression of Mimi? I would venture to guess that you have formed a picture of her as a delicate but beautiful and joyous child, someone you would have wanted to know. She was that. But what if I had begun this story by telling you that Mimi was born not only with a congenital heart defect but also with Down's Syndrome, a condition commonly referred to as Mongolism? Would you still have felt this way? Or would you have vaguely pictured a heavy-set, flaccid child with a dull look whom you might feel sorry for but would not particularly want to know? This is, unfortunately, what often happens when we think of children in terms of labels. When a label carries information that stigmatizes, it may deprive us of the opportunity to experience the individuals behind the label. Because I wanted you to know and care about Mimi, I described her as an individual before I told you about how she was labeled.

In her brief life Mimi was happy. Whether she would have stayed happy had she lived to middle childhood or adolescence

will remain an unanswered question. These periods would have brought new demands, expectations, and stresses. In fact, many mentally retarded or otherwise disabled children cannot negotiate the first four or five years of their lives successfully as Mimi did.

DEVELOPMENTAL PROCESSES AND THE SELF

Children begin to develop self-concepts in infancy as they learn to differentiate themselves from the outside world. They take delight in being able to do things with their fingers and hands and legs. They practice over and over again such accomplishments as standing up and sitting down, grasping objects and letting go of them. Children learn about their environment too through this control over their bodies. During the first two years of life, the primary means of learning is action. Infants "study" objects by sucking them, by squeezing, poking, and pushing on them. During the course of physically acting upon their environments, infants begin to grasp cause and effect and begin to exhibit intentionality. The baby who accidentally hits a hanging rattle on several occasions while thrashing his legs soon begins to kick that rattle deliberately in order to see it swing and hear its sound. The infant who learns to direct his body movements in such a way as to cause desired effects in his environment begins to develop a sense of mastery.

Some disabled children have very limited potential for acting upon their environment in a physical way. The child with cerebral palsy may not have the muscular strength to creep, or may not be able to control the movements of his legs well enough to walk. He may have to lie in wait for someone to move him or to move part of the environment to him so that he can act upon it. Sometimes cerebral-palsied children do not have sufficient control over their hands to be able to use them effectively, and they may not be able to use speech or gestures to communicate what is

of interest to them in their environment. Because of these physical limitations the young cerebral-palsied child may have a serious handicap in learning about his world and in developing a sense of mastery over it.

Other kinds of physical impairments may present special problems for the development of a sense of self in early life. The child who is a congenital amputee has no fingers to be counted, no hands to play pat-a-cake with, no arms with which to show affection. This is a double problem. First, the avenues by which the young child may learn about himself and his environment are limited. Second, the avenues by which he and his family can relate affectionately are reduced.

Physical disabilities may make the development of a sense of self more difficult, but so may mental disabilities. The severely retarded young child may not be able to make the discriminations basic to separating himself from his surroundings. He may not be able to learn, as most infants do, that these toes are his and are a part of him, in contrast to a rattle or a bottle which is not him. He may not learn easily that when he bites a toy he won't be hurt, but when he bites his hand, he will be. Such experiences help most infants come to understand what their physical self consists of. The severely retarded child may experience such pain over and over again without making the connection between his biting action and the pain he experiences when he acts on his foot or hand, but not when he acts on other things in his reach.

The autistic child presents a special problem in this regard. An infant of 15 or 18 months who sees his reflection in a mirror may not recognize himself. He may try over and over again to touch the child in the mirror. But by the age of 2 or 2½ most children recognize their mirrored reflections as images of their own selves. When I first introduced a full-length mirror into the classroom where I worked with severely disturbed children, the 6-year-old children who were labeled autistic tried to find the child in the mirror. Each tried to feel or grasp the child from the front

of the mirror. After many fruitless attempts, they switched to searching for the child behind the mirror. Only after dozens of teaching experiences over a period of months did they come to recognize those children in the mirror as themselves.

The dictionary definition of autism is "the tendency to view life in terms of one's own needs and desires . . . unmindful of objective reality" (Random House Dictionary of the English Language, 1971, p. 100). Autistic children characteristically respond to people no differently than they do to inanimate objects. The human voice and the human face appear not to have any special attraction for these children, as they do for most other infants. Parents report that their young, autistic children appear to look through them instead of at them, that they can't establish eye contact, can't get any response from their children. Some parents report that their babies reject physical comforting, stiffen and scream when picked up. Mothering and fathering, including both their loving and instructional aspects, are two-way processes. Parents are stimulated to further parenting by the responses they get from their babies. When their babies don't respond, there is a breakdown in the normal self-stimulating process.

Raun is one of these children. Fortunately for him, his parents are special too. They were not turned off by this child who appeared not to see them. At 17 months Raun had already been labeled autistic. He rocked, and he spun things. There was "no communication by sound or gesture, no expression of wants, likes, or dislikes" (Kaufman, 1975, p. 43) Time was precious. Each day Raun became more encapsulated in his own world. Because they could find no treatment program for a 17-month-old autistic boy, Raun's parents created one for him. They bombarded him with stimulation, particularly human stimulation. They tickled and stroked him; hugged and talked to him; played peek-a-boo and body awareness games. They imitated his spinning, turning it into a communal event. Raun responded in small but sure ways. Real eye contact was established. He began

to communicate his wants by cries and tugs. He began to speak. Autism does not go away, but this devastator of children can be tamed.

Who would you think would be more hampered in development during the first three years of life—children who cannot see or children who cannot hear? Most of us would say, with a fair amount of certainty, children who cannot see. This is true during the first one-and-a-half or two years of life. Seeing provides a major mode of information input. Even more important during this period is its role in guiding action. An infant's reaching and grasping is largely stimulated by the sight of something interesting. The muscle control and hand coordination that is developed by these activities come late to many blind children. The blind infant has little motivation for learning to hold up his head. Doing so does not enable him to experience a richer visual picture. For the same reason, sitting, standing, and walking may also be delayed.

Speech does not become a major tool for mediating experiences, for learning about the environment, until a child approaches the age of 2. With intact vision and motor control, the deaf child develops very much like a child without a hearing impairment during this early period. But somewhere before the end of the second year the picture begins to shift. Given parents who provide him with a modicum of opportunities for exploration, the blind child begins to catch up. He learns through touch and hearing, making better use of these senses than most children do. And he develops language.

There are many modes of communication. In our everyday lives all of us use gestures and signs. We nod, we point, we signal "stop." We communicate displeasure by a frown. We threaten with the shake of an extended index finger, and beckon with an inward curve of the same finger. We read people's feelings from the way they move and act. If our spouse is tired, he doesn't have to say so. We know from the way he stands and walks. But while we communicate feelings and some immediate needs by these

nonverbal means, human beings rely overwhelmingly on speech as a means of communicating ideas, of passing on our culture, of extending our knowledge of all that is included in existence. The blind child shares this basic human tool. The young deaf child does not. He sees his mother's mouth move but it has no meaning to him. Never having heard the words of others, he has no awareness of the existence or meaning of words. While the 2-year-old blind child is beginning to be able to think about his experiences by using the words that stand for them, his deaf peer can only think about his experiences through images.

MOVING OUT INTO THE ENVIRONMENT

The preschooler wants to move out into his environment, to explore, to act upon it, to master its demands. He meets new adults, and becomes interested in other children. He begins to identify himself as an individual of a particular gender and the anatomy to prove it. He constantly tests his growing powers.

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The disabled child may be vulnerable in many ways during this period. The deaf child may experience enormous frustration because of his limited ability to communicate. Babies are given nourishment, changed, bathed, and soothed regularly. They don't have to ask anyone to meet their basic needs. A lusty cry is an effective reminder to a tardy parent. But by the time a child is 3 his needs have grown beyond these few basic ones. The deaf child's mother may no longer be able to satisfy his cries or gestures by food, because what he may want is not food in a generic sense but rather a particular kind of food. If the child cannot make recognizably different sounds or gestures for ice cream, apple, salami, or any other food he desires, his appetite will often go unsatisfied. So will many of his other appetites including, often, his appetite for understanding what people are doing and why. In frustration, he may rage about, screaming,

crying, and hitting out. It is not unusual for a deaf preschooler who has not yet acquired language to appear to be severely disturbed. Moreover, the deaf child's attempts to communicate will increasingly fail as he moves out into the larger world of hearing children and adults.

Parents are still the most significant others in the child's life at this time. Their attitudes and their behavior will influence strongly the way the disabled child feels about himself and the patterns of interaction that develop. Parents have the sometimes formidable job of helping their child to understand his disability, accept himself as he is, and find a satisfying way of expressing himself in his environment.

> I used to fantasize a little when I was a kid. And I used to dream. Dad used to tell me to pray really hard and anything will happen, anything's possible. So I would be just praying away at night—praying a miracle would happen and I would wake up and I would have arms and legs. I would pray and pray and wake up the next morning—and no arms and legs. ("Person to Person," 1973, p. 11)

> When my daughter first expressed apprehension about her lack of fingers, she seemed to think that they would grow in just as her teeth had. I could have let her go on thinking so, but eventually she would have realized that this was not true. I told her that she would not have any more fingers when she grew up, but that she would be able to do many things. . . . (Ouellet, 1972, pp. 32-33)

Parents must conquer their own apprehension of the special dangers that moving out into the environment holds for their child because of his disability. A mother of a blind child was in a constant state of panic once her daughter began to walk. This child made her way around by feeling. Foremost in the mother's mind was the possibility that her child would electrocute herself at a wall outlet. The child was never allowed out of her mother's reach until she entered school at age 5. As a result, her understanding of the environment was quite limited.

The dangers are real, just as they are for any young child, but even more so. In his autobiography, Harold Krents writes:

> My very first clear recollection is at the age of three running down the street far, far ahead of my mother and her two sisters. I thought I could outrace the wind . . . but inevitably I would deliver a devastating blow to a lamppost or parking meter with my forehead or my chin. I would go running back to my mother spitting blood and crying more from frustration than from pain.
>
> "How can you be so cruel?" my aunt would exclaim.
>
> "Do you think it's easy for me to let him go and hurt himself?" my mother replied. "The easiest thing in the world would be for me to always hold his hand, but I simply cannot do that. Someday there won't be someone to hold his hand, and he'll have to be able to make it in this world on his own. I want to prepare him for that. I not only want him to be independent, but I want him to love being that way." (Krents, 1972, p. 4)

The mother of a young deaf child tried to find a path that allowed her daughter to grow while providing her with reasonable protection.

> When Marsha was about four years old, we began to wonder what would happen if she got lost. . . . The possibility persisted in our minds. We had visions of the police trying to entertain a little deaf girl until we called to say we had lost one. So we decided that it would be wiser to take Marsha to the police station and introduce her. . . . The officers understood why we had come, Marsha responded to their friendliness and interest, and our mission was accomplished.
>
> In order to give Marsha a measure of freedom and still avoid too much anxiety, I started sewing name tapes in all of her outer garments. . . . In this way, she never leaves the house without some identification in her clothing. (Flaxman, 1955, pp. 163, 156)

Moving vehicles hold special dangers for the disabled child. The deaf child may be tempted to play in the street as other neighborhood children do, but he cannot hear the approach of

vehicles that sends his playmates scurrying to the sidewalk. The blind child may be tempted to run to a friend who is calling to him from across the street. Since he does not *see* the area separating him from his friend, he may forget its special dangers.

The preschool years are a critical time in the child's development, a time in which the individual's style or basic patterns of interacting with his environment is formed. Some disabled children become persistent fighters for independence; others become demanding as well as dependent. Some use whatever senses are intact to avidly examine and learn about their environment; others withdraw into themselves. Some learn to use their disability to manipulate others. There are as many styles and patterns as there are disabled children. What the child becomes during this period is a combination of his basic constitutional characteristics—temperamental patterns, abilities, and disabilities—and what we have allowed or enabled him to do with them.

> My father was probably my only guiding light. . . . Right from the start he insisted that I face problems square on, no funny business, nothing. He told me what he thought I could do. He explained my handicap. . . . I was given specific duties around the house. . . . Bringing chairs in and out from dinner. . . . And I carried out the garbage. ("Person to Person," 1973, pp. 8-9)

The young man whose reminiscence you have just read is a quadruple amputee who uses prosthetic devices for arms and legs he never had. He was also a law student and a member of the National Board of Directors of the Easter Seal Society at the time he told this story.

THE MIDDLE YEARS

"Do you want to take the retard test?"
"Yes."
"What's the color of your hair?"

"Brown."

"What's the color of your dress?"

"Blue."

"What's the first thing I asked you?"

"The color of my hair."

"No. The first thing I asked you was if you wanted to take the retard test. You failed. You're a retard!"

This is an exchange that was endemic to the third and fourth grades of the New York City public school my daughter attended. It is a variation of a game that was being played ten and twenty and thirty years ago. My daughter reported it to me with obvious ambivalence. She knew it was something I wouldn't want her to say, but she wasn't quite ready to make an issue of it with her friends.

"That's not a good thing to say, you know."

"I know," she responded.

"Do you know why?"

"Because it makes people feel that they're not wanted."

During the middle years of childhood, from age 7 to 11 or 12, a large part of a child's life is spent in school. Real friendships develop, usually among children who are classmates, and peer values begin to challenge those of the parents. The child moves out into his community, going places and meeting people on his own. No longer can he or she be protected from all but a few select individuals. No longer can a loving mother make up for children who turn their backs. Unless he is severely retarded or disturbed, the child will sense how others perceive him, how they feel about him. If these reactions are consistently negative, they cannot help but affect the way the child thinks about himself and what he is willing to try. Even reactions other than rejection may confuse and hurt. A 12-year-old boy who was labeled mildly retarded related that he had always recognized his inability to do things as well as other children his age. While he was sometimes angry and resentful that this was so, he gained satisfaction from

doing things as well as he could. His greatest disappointment did not come from failure, but from the artificial and dishonest responses of the people around him who were trying to be kind.

> They say: "What a nice drawing," when I know it isn't nice. . . . They say: "Boy, you almost caught that ball," when I know I missed it by a mile. They say: "How fast you run," when I know it isn't true. (Kapel, 1976, p. 42)

The years of middle childhood represent what could be called a stage of industry (Erikson, 1963). This is a period of skill development, a time when the child masters the basic tools he will need to function effectively in his society. In a sense, he becomes a worker, with school his place of work. The greatest danger during this period is that he will develop a sense of inferiority, a feeling that can come from either failure at skill development or rejection by his partners in skill development.

There is a child whose problem is more subtle than those we have been considering. His senses are intact and there is nothing wrong with his muscles. He wants to relate to people. His IQ is in the "normal" range—it may even be superior. Yet he often fails to develop a sense of industry, to master many of the tasks and skills expected of him, and to be accepted by his peers. For want of a better name, he is being called "learning disabled." Some of the other labels for him are "minimally brain damaged," "neurologically impaired," "hyperkinetic," "hyperactive," and "perceptually handicapped."

What is this child like? It's hard to say. Almost the only thing the experts agree upon is that there is a type of child who is different from most, who appears to have difficulties in certain areas, and who exasperates adults who try to teach or live with him. Characteristics that are commonly ascribed to him in the literature include: poor coordination; hyperactivity; perceptual-motor impairments; impulsiveness; short attention span; disorientation in time and space; problems in reading, writing, spelling, and speech.

His parents say:

We've tried everything and nothing works . . .

He can't sit still. He's on the move constantly . . .

He's got a hair-trigger temper . . .

He can't read and he's got an IQ of 124 . . .

I don't understand. Sometimes he can be so good . . .

Most of the time he acts like he just doesn't care . . .

You can never tell what might set him off . . .

When he leaves home he knows every spelling word perfectly and then he misses seven on the test . . .

It's hard for him to get started . . .

He's so disorganized! — He doesn't know where anything is . . .

He's got to know everything; he always wants to know "What's next?"

He gets everyone screaming at him . . .

He's not an easy child to live with. (Woodward and Biondo, 1972, pp. 13-18)

How many such children are there? The estimates of the percentage of children who are "learning disabled" range from 1 percent to 20 percent, depending upon the criteria used in making this judgment, as well as sociopolitical factors. Lower figures are used by funding agencies, those who want to push for an individualized approach to working with all children, and those who would like to minimize labeling. Higher figures are used by those who are pressing for additional funds for special services, parents of learning-disabled children, and those whose professional stature and security would be strengthened by such labeling. But whichever figure is used, these children exist and they need help if they are to avoid the development of a sense of

inferiority. When learning disabled children talk about themselves, they say:

> I'm the dumbest kid in the class . . . Sometimes I can do it – sometimes I can't . . . I dunno – all of a sudden I'm naughty – I don't know why . . . Everyone says I'm smart enough – I don't know why I can't . . . Other kids don't have this problem. Why is it so hard for me? . . . (Ibid., pp. 26-28)

When I was 7 or 8, there was a big boy who used to sometimes play with us. He was always dressed in a checked cap and he carried his knitting with him in a shopping bag. No one knew how old he was but he always wanted to play with the young children. Sometimes the children mocked him, but we liked him too. He was funny and fun to be with. Then one day he stopped coming around. We asked for him and found out that he had died. He hadn't been a boy, either. He was 47 at the time of his death. He was Mongoloid. In order to gain some kind of acceptance outside his immediate family, he had become a clown and mascot to the children of the block.

Unfortunately, this is not just a story from long ago. It is something that is still happening today as children with disabilities find that many of their peers will not accept them as they are. Some become clowns; some try to buy friendship with possessions; some withdraw into the small circle of their disabled classmates; others find that they can gain acceptance only from those who are their juniors.

Mary Ann was 9. She went to a special school for the deaf that was about a twenty-minute drive from her home. None of the children from her class lived near her, because they came from all parts of the city. Mary Ann had two friends. One was her 5½-year-old cousin. The other was a 5-year-old girl who lived down the street. These two children were happy that someone so much bigger and in many ways so much more skilled would play with them. Mary Ann fixed her cousin's hair, and made clothes

for her dolls. She taught the little girl down the street how to play ball and how to use a pogo stick. But while Mary Ann could do all these things, could jump rope and roller skate and ride a bike and play jacks, not one of the 7- or 8- or 9-year-old girls from the block would play with her.

Mary Ann's problem is common to most deaf children who cannot learn to speak clearly. Unless one listens carefully and gets used to the indistinct diction, poor phrasing, and odd inflectional patterns, the speech of deaf children may sound strange and impossible to understand. Most hearing children don't get past an initial exposure. Mary Ann could communicate well by signs. But while this skill enabled her to speak to other deaf persons, it was a useless aid in acquiring friends in the hearing world.

A fourth-grade boy writes:

A Handycap Person

> When I was in camp their was a girl on my bus. Her name was Jill. She could not hear or talk. On the bus she made funny sounds and looked funny but I don't think she liked it. A lot of kids made her cry because they made fun of her. One time a kid punched her in the teeth. ("A Handycap Person," 1973)

Over and over again I hear stories from saddened parents about how their disabled children have lost their neighborhood friends after the preschool years. Undoubtedly the fact that disabled children often go to schools different from their neighbors contributes to this isolation. So does the stigma attached to being in a special class in the local public school. So does the fact that there may be an increasing gap between the kinds of things that disabled children and their nondisabled peers can do. But there appears to be something more even than this. The middle years bring with them a kind of exclusivity or cliquishness. The disabled child often finds himself a member of the out-group.

At age 7, Harold Krents was in a regular second-grade class. He had no trouble mastering the academic work, but when

he tried to join his male classmates in a battle against the girls he was told clearly that he was not a member of their group.

> "What are you doing here?" one rather large recruit asked.
>
> "I've come to fight with you," I replied.
>
> "We don't want you," said the entire army of boys.
>
> I stood there in stunned disbelief.
>
> "Why not?" I asked angrily. "I'm a boy."
>
> "Yes, but you're blind," said the large recruit.
>
> "Only some," I said defensively.
>
> "You are blind," he repeated. The way he said it made me flinch.
>
> "I'm a boy first and blind second," I said quietly.
>
> "No, you're not, you're a blind boy."
>
> For some reason, the entire army of the boys found this very amusing, and raucous laughter reverberated through the playground. (Krents, 1972, p. 63)

For the orthopedically impaired child, the opportunities for peer socialization may be severely limited because of problems of mobility. There are many places a child in a wheelchair can't go. These may include the homes of some of the neighborhood children, unless a parent is available to carry the child and carry his wheelchair. Mobility is important to the play of children in the middle years, both to its content and organization. Eight-year-olds roller skate and play ball. They go places on their bikes. They may begin playing at John's house and suddenly decide to switch to Ruth's. Even when accepted by other children in the neighborhood, the child who walks with the help of crutches and braces, or who moves slowly with braces, often can't keep up. If your friends are jumping rope, you can be a turner. If your friends are playing punch ball, you can keep score and be the umpire. But when your friends hop on their bikes and take off for the playground, there's no place for you.

ADOLESCENCE

> All teenagers worry, Jamie. And the teenager with a disability is no exception—only he has more to worry about. He too worries about being accepted, and he worries about his future. However, he is also sensitive about his physical defects. For you, the bladder and bowels are a source of great humiliation. Even when these problems are solved by catheters, you still fear having an "accident." . . . It takes time to overcome the embarrassment and fear of being laughed at. But you cannot hide from the world, Jamie, if you are to grow up to be a well-adjusted adult. . . . I have *adjusted* to my disability and my adolescent years were spent *learning* to adjust. And believe me, it wasn't easy. . . . I cried a lot as a teenager. (Helton, 1974, p. 5)

So wrote an adult with spina bifida to a young girl with the same problem. Spina bifida is a congenital spinal cord injury resulting from incomplete closure of the lower spine. It often results in paralysis of legs, and lack of bladder and bowel control. Until recently, the two to four children per 1,000 who were born with spina bifida rarely lived into late adolescence, much less adulthood. If they survived the first days of life and the dozens of surgical operations needed to improve their health and mobility, they often died from renal failure due to a history of urinary infections. A good part of their short lives were spent in hospitals, and their education came largely from hospital-based teachers or teachers who provided home instruction. Contacts with peers outside the family or hospital were almost nonexistent.

Today, with improved drug treatment and surgical procedures, the story is different. Children with spina bifida are surviving. (There are approximately 100,000 persons with spina bifida living in the United States.) They are going to school. They are learning work skills. While all kinds of procedures and equipment have been devised to minimize the medical and social problems created by their disability, the adolescent with spina

bifida must deal with the existential aspect of his impairments himself.

The beginning of adolescence was painful for Rita. She was 13 and in the eighth grade. She had never been labelled handicapped, but there had always been something different about her. The children on the block had noticed it. There was a kind of awkwardness about her movements. She clumped down the street as if she weighed 200 pounds. She never really learned to skip and she was terrible at any of the games the children played during recess. There was something strange about the way she acted too. She asked questions about things anyone would be expected to know. When she entered junior high school, matters took a turn for the worse. Whereas she had been able to find one or two children to play with her occasionally before, there was no one now.

Thirteen-year-old girls spend their non-school, non-homework hours talking about boys, experimenting with makeup, moving to music, worrying about their clothes and figures, getting crushes. In all of these experiences Rita was out of place. She couldn't get the dance movements right. An experiment with her mother's makeup resulted in a clownlike appearance which Rita did not recognize as such. The wiles and intrigues of 13-year-old girls who are beginning to think of boys in sexual terms were as hard for her to grasp as Russian or Chinese would have been. Almost every time I saw her she was crying or obviously had been crying.

The last time I saw Rita she was in a candy store with her mother. This girl, who could read a seventh- or eight-grade book, picked out a candy bar from the counter display and asked the proprietor, "Is this candy free?" Rita was completely serious, and she couldn't understand why her mother was so upset by this question. Rita doesn't live at home any more. I don't know where she is. Someplace where people will help, I hope.

There is an aspect of socialization, of coming to understand the mores of our society, which most of us learn through general

exposure. We watch older siblings and babysitters and parents doing things, and we imitate or model ourselves after them. We integrate our various experiences and come out with unwritten, even nonverbal, generalizations about what is appropriate and what isn't. Learning-disabled or neurologically impaired persons like Rita don't learn well in this unsystematized way. Their integrative abilities are poor. They can't put things together for themselves. During adolescence they flounder about, not really understanding why they are loners, nor why they are often a source of irritation to their teachers and anxiety to their parents.

Late adolescence is a time of anticipation, of planning, of anxiety. What will I become? Can I make it in the nondisabled world? Will I be accepted into college? Will I be able to keep up with the work there or will it be too much for me? Can I find any employer who will take a chance on me? Will I be able to hold onto a job? Will I be able to travel independently? Will I continue to make too many stupid mistakes? Will anyone want to marry me? Will I be able to have children? Will I be able to take care of them? Will my children resent having a disabled parent? Is the future worth the constant struggle?

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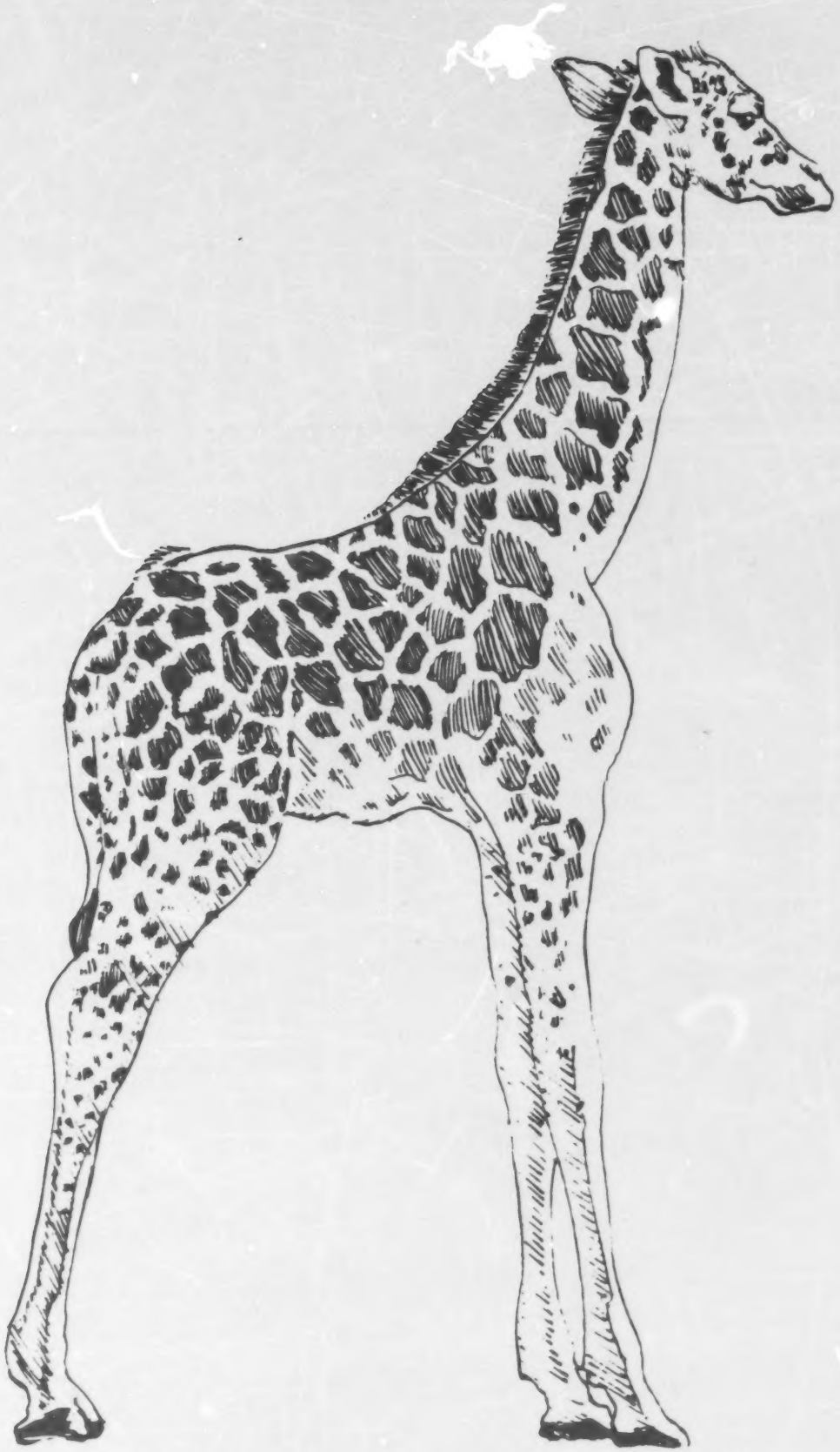
APPENDIX D

Animal Pictures



78

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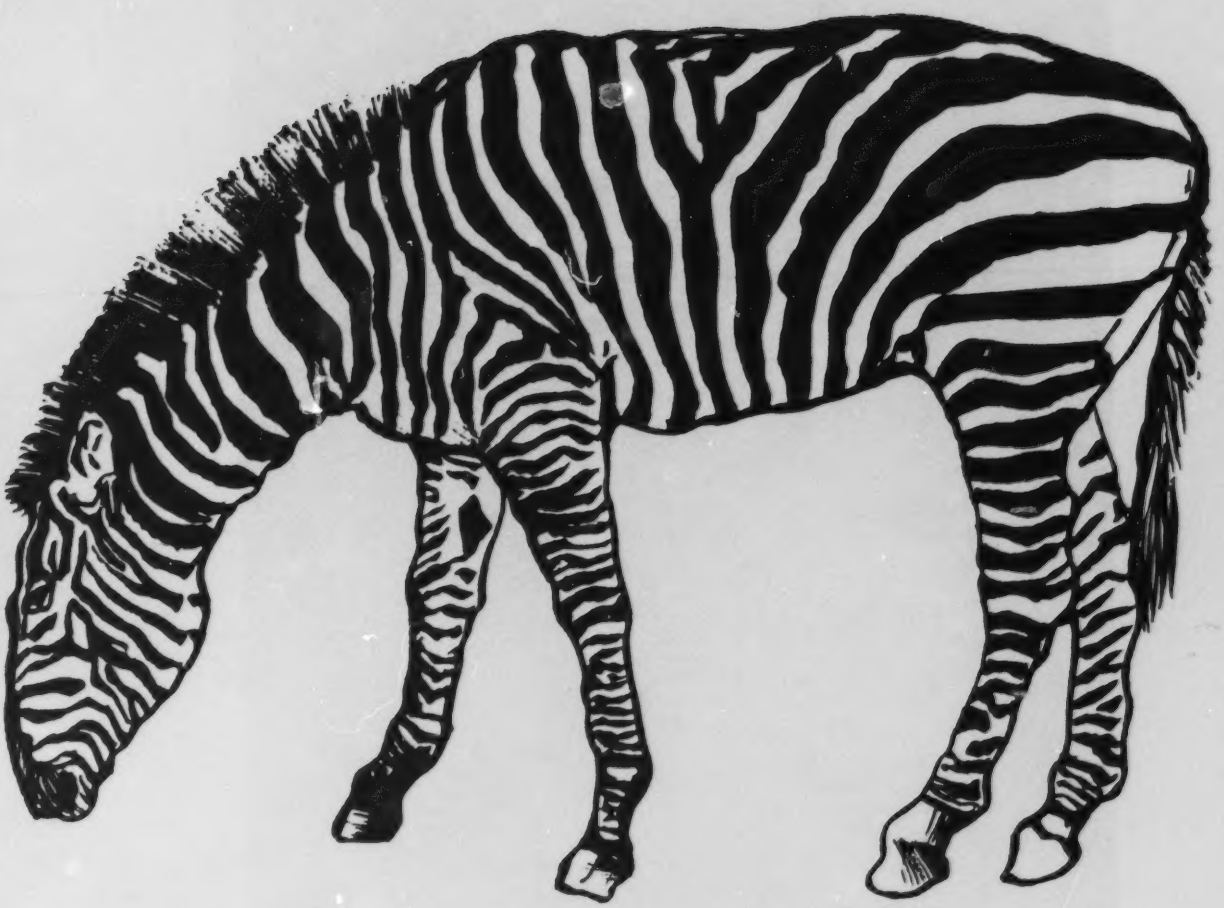


APPENDIX E

Signs for Animals

377
bird's beak opening and closing
bird

378
eating grain
chicken

379
wide bill opening and closing
duck

380
the wattle of the turkey
turkey

381
whiskers of a cat
cat

382
swatting bees away from cheek
bees

383
mouse's nose twitching
mouse

384
originally done with hand moving forward to show motion of pig's snout, now done sideways
pig

385
ears of horse
horse

386
horns of cow
cow

387
ears of rabbit
rabbit

388
outline lion's mane
lion

389
long neck of giraffe

giraffe

390
trunk of elephant

elephant

391
scratching for fleas

monkey

392
a bear scratching in crossed arm position

bear

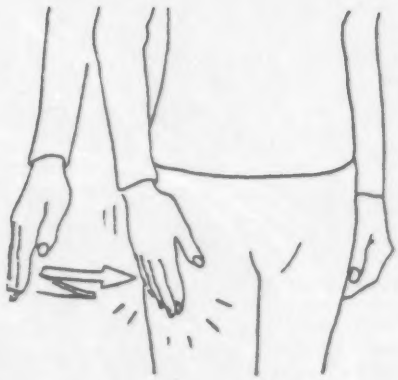
393
swimming through water

fish

394
shearing sheep's wool

sheep

395
head moving from under its shell
turtle



396
call a dog
dog

397
lungs of an animal breathing
animal

TIGER
the stripes and clawing of a tiger

SNAKE
slithering movement

APPENDIX F

Alternatives for Integrated Groups

ALTERNATIVES FOR INTEGRATED GROUPS

INTRODUCTION

This module - Alternatives for Integrated Groups - is composed of three parts. In each part the participants are required to work together in teams of three or four persons. Since a team cannot function with less than three persons, it is best to have a team of four persons. Then the activity can continue even if one team member is missing. The same people continue on a team until it completes Parts I, II, and III.

PART I

Part I consists of six sample problems that are likely to occur in integrated settings. The participants both as individuals and as a group are required to generate unique aternative solutions to these problems within certain time constraints.

PART II

In Part II, the participants are required to generate their own problems that they have already experienced or that they anticipate will occur in integrated settings.

PART III

In Part III, the participants are required to generate unique alternative solutions to six or more of the problems that they have generated in Part II.

DIRECTIONS PART I (1 hour)

Each team of three or four persons should have a copy of these directions and a kitchen timer or clock or watch that records seconds. Each problem is taken separately from Problem #1 to Problem #6. Each team begins with Problem #1. The team members sit facing one another. Each member of the team should have a small pad or notebook in which to write down solutions for each of the Problems. One person, the Recorder, reads the Problem and, if a kitchen timer is used, sets the timer for 2 minutes by turning the timer past the 5 minute mark and then back to the 2 minute mark. This begins the Solo Period. During the Solo Period each person on the team has 2 minutes to write on his/her pad or notebook as many unique solutions for the problem that the group is working on as he or she can think of in that time. A unique solution is a solution that is not similar to any other solution on any other person's list of solutions. Solutions do not have to be written out in

detail. Use only enough words necessary to help remember the solution well enough to tell others about it after the Solo Period: During the Solo Period each person works by him/herself and may not speak to another person.

When time is up (time sounds or the Recorder sees by a watch or clock that 2 minutes have passed), all persons stop writing and each in turn reads his/her solutions to the other members of the team. Any solution that a person reads that is the same or similar to that of another person must then be crossed off of every person's list on which it appears. Any solutions that remain on anyone's list after all cancellations have been made are unique solutions.

Two solutions are similar if at least two members said that they are similar, or if one member who does not have the solution that is being questioned says that they are similar.

If and only if <u>each</u> participant has at least 2 unique solutions remaining on his/her list, the Recorder sets the timer for a 2 minute Team Period. If one or more participants has fewer than 2 unique solutions left on their lists, the team goes on to the next problem and sets the timer again for the Solo Period.

During the Team Period all the participants, working and talking together, try to generate 2 more unique solutions. As the participants call out these solutions the Recorder writes them down in his/her notebook. At the end of 2 minutes the participants check to see if at least 2 of the solutions generated during the Team Period are unique (not the same or similar to any solutions created up to that point). If they have created at least 2 more unique solutions during the Team Period, they are said to have reached criterion and go on to the next problem. The person to the right of the last recorder now becomes the new recorder. If after working on Problem #6, they have not reached criterion on any of the problems #1-#6 they should go back and repeat each problem until they reach criterion or until they have been working on the problems for 1 hour.

PART I - PROBLEMS

PROBLEM #1 - List things that a docent can do if a disabled child drools all over an item being passed around a group and none of the other children then want to touch it.

PROBLEM #2 - List things a docent can do when a child tries to ask a question, make a comment, or point out something, but his/her speech is incoherent to the docent.

PROBLEM #3 - List things a docent can do to encourage interaction between the nondisabled and disabled children who are together in the same group.

PROBLEM #4 - List ways that a docent can keep the interest and attention of hyperactive children who are easily distracted by random sounds and people around them.

PROBLEM #5 - List ways docents might modify their general approach and their talk for an integrated group of students in which some of the students are deaf and some are blind.

PROBLEM #6 - List things a docent can do when s/he thinks a child doesn't understand what s/he is saying.

DIRECTIONS PART II (20 minutes)

Part II is like Part I except rather than generating solutions, the participants work together as a team to generate at least 6 situations that they have already experienced in the past or that they anticipate experiencing in the future in their role as docents. The situations should be those likely to occur in an integrated setting. Problem situations similar to those that appear in Part I should be emphasized. When this has been done, the participants are ready for Part III.

DIRECTIONS PART III (1 hour)

Part III is exactly like Part I except that the 6 problem situations are those chosen from those generated in Part II. The teams work until they have reached criterion on each of the 6 problems or until 1 hour has passed.

APPENDIX G

Etiquette

APPENDIX G

Etiquette

ETIQUETTE WITH PEOPLE (with disabilities)

There you are, with no or little experience with disabled persons and thrust into a situation where you must deal with them. You feel a bit queasy and nervous - and don't know what to say or do. They look awkward, you feel awkward. Some look retarded, you feel retarded. They all look handicapped, you are handicapped. What do you say, what do you do?

Anything you would say or do with a non-disabled person.

Here are some tips to help you be less nervous.

1. Relax. Simply being yourself will also put others, disabled and non-disabled alike, at ease. If you're nervous and tense, you'll make others around you uncomfortable.

2. Offer help when you think it may be needed, but don't insist upon it. When in doubt ask, "May I help you?"

3. Treat disabled adults as adults and children as children. Like you and I, they deserve respect. Appreciate what disabled persons can do, rather than worry about what they cannot do.

4. Have fun. Disabled people like to laugh too. Mental or physical disabilities don't necessarily limit their sense of humor.

5. If disabled persons fall, take it easy. If they need help, they'll cue you in. If they can get up by themselves, let them. If they need some help, they will tell you.

6. Stairs. Stairs or uneven steps can be difficult for anybody, particularly those with physical impairments. Let them tell you how you may help. Pushing or pulling without their consent may upset their own system and balance, leading to an even more upsetting event. Instead, walk behind them, ready to lend assistance if they request it or if they slip.

7. When you meet disabled persons escorted by aides, speak directly to the disabled persons, not through the aides. If the persons are hard to understand, ask them to repeat themselves. If you still don't understand, say so. Ask questions referring to the situation to figure out what they mean. For example, "Is your question about this animal?"

8. Face the disabled persons when speaking to them. Common courtesy calls for this.

9. Don't be sticky sweet. Compliment them on things that deserve compliments, but don't go overboard and compare a child's stick drawing to a Rembrandt.

10. Try another way. When you come upon an obstacle, whether it be physical, communicative, or anything else, be creative and willing to try another way.

Wheelchair Etiquette

1. Offer your assistance to push the wheelchair. (Electric wheelchairs powered by the battery in the back need not be pushed.)

2. Before pushing the wheelchair, ask the disabled person if s/he is ready to move or at least tell him/her that you are going to push to prevent startling him/her.

3. Push the wheelchair slowly and carefully. Walk--do not run.

4. Be sure that the disabled person's hands and fingers do not get caught in the wheel's spokes; place his/her hands in his/her lap. Remember that the person sitting in the wheelchair may not be able to break a fall with his/her hands or avoid objects that come too close.

5. Go backwards down an incline, curbs, or steps, with others assisting you if necessary. This will minimize the chance of the disabled person falling out of the wheelchair.

6. Position the wheelchair so that the disabled person can see the object of attention. Also, don't block the view of others around you.

7. Speak to the disabled person face-to-face when stationary. When pushing the wheelchair, it may be necessary to lean forward so that both of you may hear what the other is saying.

Etiquette with the Seeing-Impaired Individual

1. Speak to the blind person as you would anyone else. Face him/her and talk of things that are of common interest.

2. "See" is a viable word in our vocabulary. Use it as often as you would with a sighted person.

3. When describing things, use concrete and familiar comparisons whenever possible. For example, the length of a guinea pig's leg is about the length of a finger.

4. Encourage your student to listen to the various animal sounds and tell or have him/her guess what they are. In closer proximity s/he might sniff the air to confirm his/her hypothesis.

5. A few facts may lead to wrong conclusions. For example, after feeling a flamingo's bill, a learner may generalize that all bird bills are shaped the same way. Provide enough information to avoid inaccurate generalizations.

6. If animals can be handled, ask the student to describe the animal. The more you ask, the more likely it is that the student may be able to identify the animal. Also, this way you will notice any concepts that need clarification.

7. When guiding a blind individual, ask him/her to take your arm. Never take his/her arm and propel him/her around. Simply show him/her your elbow by placing his/her hand on your elbow and you're set to go.

8. Ordinarily walk half a pace ahead of the blind person. In going up and down steps or into dangerous places, keep one pace ahead. Mention small and large irregularities in the terrain over which s/he might stumble.

9. Watch the blind person's other side (opposite the side you're closer to) and judge distances accordingly to avoid his/her smashing into door frames, posts, etc.

10. Give oral directions if it is necessary for the blind person to move left or right, to get out of the way, or maneuver into position. Don't shove him/her.

11. When seating the blind person, simply put his/her hand on the arm or back of the chair and have him/her seat himself/herself.

12. Quietly describe the placement of things in a room so that the blind person will have some idea of the obstacles and people he may encounter.

13. A guide dog accompanying the blind person is a working dog. The dog should not be distracted from his/her very important duty by petting or offers of food.

Etiquette with the Non-Verbal Individual

1. Don't ignore the non-verbal individual or assume that s/he cannot understand what you say and do simply because s/he does not speak.

2. Face the non-verbal person when you are speaking to him/her as you would with anyone else.

3. Ask yes-no questions. This way the non-verbal person can respond with a nod if possible.

4. Even if it sounds like a monologue, keep talking. This reaffirms to both of you the presence and importance of the other.

5. Touching is an excellent communication medium. Placing your hand on his/hers, or hugging him/her fosters a feeling of togetherness and reaching out. Non-verbal communication can be as effective as words.